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Screening for Major Depressive Disorder Among Children and Adolescents: A Systematic Review for the U.S. Preventive Services Task Force

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Structured Abstract

Purpose: To evaluate the evidence on screening and treating children and adolescents for major depressive disorder (MDD) for the U.S. Preventive Services Task Force (USPSTF). This update modified the inclusion criteria used in the 2009 review to focus on screening for MDD (i.e., studies reported that ≥ 50 percent of their sample had MDD); thus, we do not address screening or treatment for minor depression or dysthymia. Little is known about the etiological links between subthreshold depression, dysthymia, and MDD or efficacious treatments for less severe forms of depression for children. Focusing on MDD reduces heterogeneity in patient characteristics and targets children and adolescents experiencing more serious symptoms who are most likely to suffer severe functional impairment and suicidality.

Data Sources: PubMed/MEDLINE, the Cochrane Library, PsycInfo, ClinicalTrials.gov, HSRProj, the World Health Organization International Clinical Trials Registry Platform, and reference lists of published literature (through February 2014). We re-reviewed studies identified in the 2009 report against the revised inclusion and exclusion criteria.

Study Selection: Two investigators independently selected studies reporting on benefits and harms of screening; accuracy of screening tools compared with diagnostic evaluations; and benefits or harms of treatment of MDD compared with placebo, usual care, or waitlist interventions.

Data Extraction: One reviewer extracted data and a second checked accuracy. Two independent reviewers assigned quality ratings using predefined criteria.

Data Synthesis: No trials examine the impact of screening for pediatric MDD in primary care on subsequent improvements in depression and other health-related outcomes. No new screening accuracy studies met our criteria. The limited number of screening accuracy studies from the 2009 review that remain in our synthesis suggest that the Patient Health Questionnaire for Adolescents (PHQ-A) and the Beck Depression Inventory (BDI) can identify adolescents at risk of MDD (PHQ-A sensitivity: 73 percent, specificity: 94 percent; BDI sensitivity range: 84 to 90 percent, specificity range: 81 to 86 percent). We found no eligible studies on screening tool accuracy in children. Additionally, we found one new collaborative care but no other new psychotherapy or combined therapy intervention studies. One new placebo-controlled study, an acute escitalopram trial in adolescents ages 12 to 17, met our criteria for treatment efficacy trials. One fluoxetine trial (ages 12 to 17), one escitalopram trial (ages 6 to 17), one citalopram trial (ages 7 to 17), and one cognitive behavior therapy trial (ages 14 to 18) from the 2009 review continued to meet our inclusion and exclusion criteria. Evidence from individual selective serotonin reuptake inhibitor (SSRI) trials demonstrated the efficacy of fluoxetine but not citalopram; one escitalopram trial demonstrated efficacy but the other did not. One collaborative care study demonstrated improvement in symptoms, response, and remission but not functional status. We found no evidence of harms attributable to treatment.

Limitations: Our inclusion and exclusion criteria, coupled with our thresholds for quality, resulted in the inclusion of five screening accuracy studies of less than 2,900 children and adolescents (none of whom were under 11 years of age) and six treatment trials that randomized

less than 1,500 children and adolescents with MDD conducted over the past three decades. As a result, we cannot make definitive statements regarding associated benefits or harms, particularly for rare outcomes such as suicidality. Small sample sizes, high attrition, and potentially biased ascertainment of the reference standard in screening studies constrain the evidence base. Evidence gaps sharply limit conclusions for screening children under 11 years of age, screening and treatment differences by sex or race/ethnicity subgroups, and MDD treatment other than SSRIs.

Conclusion: There is no evidence of the direct effect of screening for MDD in primary care or comparable settings on health-related outcomes among children and adolescents in primary care or comparable settings. Limited indirect evidence of benefit, however, is provided via accurate screening tools and efficacious treatments that improve depression and other health-related outcomes for adolescents, but not children. We found no evidence of harms associated with screening and limited evidence of harms associated with treatment. Our findings cannot be interpreted as evidence of no harms given the small sample sizes of included studies.

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Chapter 1. Introduction

Overview and Objective

The objective of this report is to update the prior U.S. Preventive Services Task Force (USPSTF) recommendations released in 2009 for screening adolescents and children for depression in primary care. The 2009 USPSTF recommendation and conclusions, described below, offer context and rationale for the current update. The remainder of the Introduction includes an overview of the epidemiology of depression in children and adolescents; a discussion of screening, treatment, and current clinical practice in primary care settings; and a description and justification of the changes in scope of this updated review. The Methods section describes the Key Questions (KQs) and analytic framework that guided our review, search strategy, study selection, data abstraction and quality rating, and data analyses. The Results section presents findings organized by KQ. Finally, the Discussion section provides a summary of the results, comment on the applicability and context of the findings, limitations, gaps and future research directions, and conclusions.

Previous USPSTF Recommendation

In 2009, the USPSTF recommended screening adolescents (12 to 18 years of age) in primary care settings for depression when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive behavioral or interpersonal), and followup (Grade: B Recommendation). The USPSTF concluded that the evidence was insufficient to assess the balance of benefits and harms of screening children (7 to 11 years of age) for depression in primary care settings (I Statement).

This recommendation for adolescents and statement for children represented a change from an overall I Statement for all age groups in 2002. The 2009 change was predicated on new evidence demonstrating effective treatment for adolescents with depression.

Previous USPSTF Conclusions

Importance

The USPSTF noted that depression among youth is a disabling condition that is associated with serious long-term morbidities and risk of suicide; the panel also noted that the majority of depressed youth are undiagnosed and untreated.

Detection

The USPSTF concluded that adequate evidence exists for screening tests that accurately identify depression in adolescents. The USPSTF found that evidence was inadequate as to whether screening tests accurately identify depression in children.

Benefits of Detection and Early Intervention

The USPSTF confirmed benefits of screening and early intervention for adolescents but not for children. The efficacy of selective serotonin reuptake inhibitors (SSRIs), psychotherapy, and combined therapy (SSRIs and psychotherapy) were demonstrated for adolescents, while only fluoxetine appeared to be efficacious in children—data were too limited on the benefits of psychotherapy and the benefits of psychotherapy combined with SSRIs for children.

Harms of Detection and Early Treatment

The USPSTF found few harms associated with screening, but convincing evidence that SSRIs conferred an absolute risk increase of 2 percent for suicidality over placebo-treated children and adolescents. Although SSRI groups did not have statistically significant increased risks of harms versus placebo groups, the USPSTF recommended that treatment of depressed youth with SSRIs should only be considered if judicious clinical monitoring is possible. Furthermore, the USPSTF recommended that specific treatment should be based on individual patients' needs and on mental health treatment guidelines.

Condition Definition

Depression is a mental health condition that may begin during childhood or adolescence. Although occasional feelings of sadness and other symptoms of depression are normal for children and adolescents to experience, children and adolescents with major depressive disorder (MDD) experience one or more major depressive episodes, characterized by heightened periods of low mood and loss of interest or pleasure in their everyday life and with greater intensity for an extended period of time (at least 2 weeks). MDD diagnosis requires five of nine specific symptoms nearly every day (depressed mood, loss of interest or pleasure in most activities, significant appetite or weight changes, changes in sleep, changes in activity, fatigue or loss of energy, guilt/worthlessness, concentration difficulties, and suicidality) that combined cause significant functional impairment across social, occupational, or educational domains. Among some children and adolescents with MDD, these symptoms may present as periods of disruptive mood and irritability rather than as a sad mood and may last for weeks, months, or even years. Dysthymia is another type of depression diagnosis described in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV). Dysthymia is also characterized by depressed moods lasting for at least 1 year in children and adolescents, yet it is a more chronic and somewhat less severe form of depression. Associated symptoms and resulting impairment are less than in MDD but may be longer lasting. Other types of minor subsyndromal depression can still negatively affect an individual's functioning but have been studied less than dysthymia and, especially, MDD in children and adolescents.

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) was released in May 2013.¹ The criteria for MDD remain largely the same as those in DSM-IV, with the exception of removing the bereavement exclusion criteria. In DSM-5, individuals who experience depression as a result of grief are not automatically excluded from an MDD diagnosis. The dysthymia diagnosis has been replaced by Persistent Dysthymic Disorder, which

now consolidates chronic types of MDD and dysthymic disorder from DSM-IV. Children and adolescents with Persistent Dysthymic Disorder have depressed mood or irritability lasting for at least 1 year (where symptoms are never absent for more than 2 months at a time) accompanied by an additional two symptoms of poor appetite/eating, sleep problems, low energy or fatigue, low self-esteem, poor concentration or difficulty in making decisions, and feelings of hopelessness.

Prevalence

The rates of reported incidence and prevalence of depression in children and adolescents living in the United States vary, as described below. Differences may be attributable to the nature of the sample or how depression is defined and assessed. Diagnosing depression in children can be difficult, particularly for younger children, because limited reading and abilities to verbalize thoughts and behaviors can make it necessary to integrate information from multiple sources (e.g., a parent, a teacher, a child). Prior literature has shown that depression in childhood and adolescence is common and frequent in clinical practice settings.

The most current nationally representative U.S. estimates come from two data sources: 1) the National Comorbidity Survey–Adolescent Supplement (NCS-A), conducted in 2001 to 2004 on a sample of adolescents 13 to 18 years of age, and 2) the 2011 National Survey on Drug Use and Health (NSDUH), an annual survey of children 12 to 17 years of age. The NCS-A examines and reports the prevalence of depression defined as the presence of either MDD or dysthymia in the past 30 days, in the past year, or over a lifetime. The NSDUH assesses and reports the prevalence of a major depressive episode in the past year only. In the NCS-A, the past-30-day, past-year, and lifetime prevalence of depression were 3 percent, 8 percent, and 12 percent, respectively.^{2, 3} The lifetime prevalence of depression associated with severe impairment, indicative of depression most likely requiring treatment, was 9 percent³ in the NCS-A. In NSDUH, past-year prevalence of a major depressive episode was estimated as the same as reported in the NCS-A: 8 percent.⁴

Prior studies have noted a progressive increase in the lifetime cases of major depression in the past several decades.^{5, 6} Affective disorders such as MDD appear to aggregate in families and have younger ages of onset in successive cohorts, a phenomenon seen in other studies of depression.⁷ The past several years of NSDUH data, however, have not reflected an increase in major depressive episode prevalence over time.⁴

Little is known about the prevalence of depression in younger children. The most recent nationally representative published estimate comes from the 2005 National Health and Nutrition Examination Survey (NHANES). In this survey, 2 percent of male and 4 percent of female children ages 8 to 15 years had had MDD in the past year.⁸ The authors of one review found that an aggregated estimate of 2.8 percent of children under 13 had depression.⁹ In the Oregon Adolescent Depression Project (OADP), 5 percent and 6 percent of children ages 5 to 12.9 years had first and recurrent incidences of MDD,¹⁰ respectively. These estimates are likely higher than those from nationally representative data sources because high-schoolers were recruited for longitudinal followup, with retrospective reports of psychopathology since age 5. The prevalence

of depression in primary care settings may be up to twice as high as in community samples of children and adolescents.¹¹ Although well-child visits are recommended for all children and adolescents, the co-occurrence of mental disorders increases the likelihood of seeking treatment.¹² For example, in a sample of young people ages 13 to 18 years attending a primary care clinic, nearly 10 percent had a depressive disorder at consultation.¹³ This figure is markedly higher than the recent nationally representative estimate of past-month prevalence of depression: 3 percent in this age group.¹⁴ Rates of depressive disorder among adolescents receiving primary care services are increasing.¹⁵

Risk and Protective Factors

Prevalence estimates of childhood and adolescent depression vary by demographic characteristics. Girls are more likely to be diagnosed with depression than boys. NCS-A data show that girls are about twice as likely as boys to have lifetime depression (16 percent vs. 8 percent, respectively). NSDUH data show that past-year prevalence of a major depressive episode among girls is nearly 3 times as high as that for boys and that sex differences in prevalence rates first emerge during puberty and continue to widen throughout adolescence.¹⁶ In the Oregon Adolescent Depression Project, girls had higher rates of incidence but not of recurrence of MDD across childhood and adolescence.¹⁰

The prevalence of depression also increases with age. In the NCS-A, lifetime depression increased from 8.4 percent (among adolescents 13 to 14 years) to 12.6 percent (among adolescents 15 to 16 years) to 15.4 percent (among adolescents 17 to 18 years).³ In the 2011 NSDUH, past-year major depressive episode prevalence increased from 2.9 percent in 12-year-old children to 11.4 percent in 17-year-old adolescents.⁴ In NHANES,⁸ past-year MDD without impairment was present in 1.6 percent of children 8 to 11 years and in 3.8 percent of those 12 to 15 years (with impairment: 1.4 percent and 3.2 percent, respectively). Differences in depression prevalence are also found across children and adolescents of varying racial and ethnic groups. These differences may be a result of differing cultural norms affecting the experience, expression, and reporting of depression; socioeconomic differences; acculturation; or combinations of these factors. Hispanic youths tend to have higher rates than their non-Hispanic counterparts.⁸ Other studies, such as NSDUH, have not found the prevalence of depression to vary by race or ethnicity.⁴

A variety of factors contribute to the development of depression, and most people who develop MDD have multiple risk factors.¹⁷ In addition to differences in depression by age, gender, race/ethnicity, and family history of depression, several risk factors may predict increased risk of MDD in childhood and adolescence. In addition to low socioeconomic status,^{18, 19} having a comorbid mental or physical disorder,² negative cognitions, and interpersonal conflicts²⁰ or suffering negative life events²¹ may increase the risk of MDD. However, strong support from family,^{19, 22} community, peers,²³ teachers,²⁴ and sports-teams members may protect a child or adolescent from depression.¹²

Course, Comorbidity, and Sequelae

Depression is a multifactorial condition that tends to affect people differently. Although some risk factors may be enough alone to contribute to the onset of depression, others increase the risk by interacting with one another. For example, some youth exposed to negative life events or chronic stressors do not develop MDD, whereas others with multiple risk factors do.

Age of Onset and Course

The mean age of onset of MDD in childhood and adolescence is approximately 14 to 15 years; onset is earlier in girls than boys. Further, early onset is associated with worse outcomes.^{13, 25-27} Reports of the average duration of depressive episodes have been variable in samples of children and adolescents, with means ranging from 2 to 17 months^{26, 28} in childhood and adolescence. Recent data indicate that children ages 5 to 12.9 years have an average duration of 69 weeks, and adolescents ages 13 to 17.9 years have an average duration of 24.4 weeks.¹⁰ At 6-month followup, less than half had recovered. Approximately one-third of adolescents with at least one episode of depression will experience another episode in the next 4 years.²⁹

Comorbid Mental Health and Substance Use Problems

Children and adolescents with depression are likely to have other comorbid mental health problems.^{10, 25, 30} Approximately two-thirds of adolescents with depression have at least 1 comorbid psychiatric disorder and 10 percent to 15 percent have 2 or more comorbidities.³¹ In a review,³² comorbidity with conduct disorder/oppositional defiant disorder ranged from 21 percent to 83 percent, comorbidity with anxiety disorder ranged from 30 percent to 75 percent, and comorbidity with attention deficit disorder ranged from 0 percent to 57.1 percent.³² MDD and substance use disorders also co-occur at high rates.^{7, 33, 34} Anxiety disorders typically precede depression in children and adolescents, whereas substance use disorders typically follow depression onset by about 4.5 years.^{35, 36} An additional outcome of concern is that bipolar disorder may initially present with an episode of depression; the diagnosis of bipolar disorder does not become clear until later when manic symptoms appear. In a sample of 1,709 adolescents with bipolar disorder, 61 percent presented with an initial episode of depression.³⁷

And although antidepressants can be a helpful treatment for bipolar disorder, they can also have adverse effects such as inducing mania in those with bipolar disorder.³⁸ This risk is particularly pronounced in the child and adolescent offspring of bipolar parents. Prescribers of antidepressants are thus cautioned to closely monitor patients on antidepressants for any signs or symptoms of manic behavior after initiating medication treatment.

Finally, children and adolescents with comorbid diagnoses are likely to have poorer outcomes than those who have MDD alone. Those with comorbid diagnoses are more likely to have severe, longer-lasting, treatment-resistant, or recurrent depressive episodes; suicidal attempts; and worse functional impairment and to use more mental health services.^{36, 39}

Comorbid Somatic and Chronic Medical Conditions

Children and adolescents with depression frequently present for primary care for somatic complaints and chronic medical conditions. Studies report significant associations between depression and somatic symptoms such as headache and migraine, stomachaches, and musculoskeletal pain⁴⁰⁻⁴² in adolescent samples. Studies also have shown that children and adolescents with chronic medical conditions such as asthma and diabetes are more likely to have co-occurring depression than those without these chronic illnesses.⁴³ Overlap between depression and chronic illnesses may be due to shared symptomatology, a side effect of a medication, stress from being ill, or loss of social contact with peers and family members.^{44, 45} Having depression and a comorbid chronic illness incrementally worsens health compared with depression alone, with any of the chronic diseases alone, and with any combination of chronic diseases without depression.⁴⁶

Suicidality

Childhood depression is associated with increased risk for suicide.^{7, 16} In 2004, an estimated 9 percent of adolescents ages 12 to 17 years had experienced a lifetime major depressive episode, with more than three-quarters of those reporting suicidal thoughts at the time of their worst or most recent episode. This represents 1.8 million out of 2.5 million adolescents in the United States.⁴⁷ In addition, 10 percent of children ages 5 to 12.9 years and 19 percent of adolescents ages 13 to 17.9 years with MDD attempt suicide.¹⁰ Approximately 5 to 10 percent of depressed adolescents commit suicide within 15 years of their first major depressive episode. In one large meta-analysis that quantified the increased risk of mortality for children, adolescents, and adults with MDD, the standardized mortality ratio was 2,035 (95% CI, 1,827 to 2,259), a suicide risk of more than 20 times that expected.

Implications Into Adulthood

MDD during childhood and adolescence is strongly associated with the development of recurrent depression in adulthood^{33, 48} and with other mental disorders and, as previously mentioned, with risk of suicidal ideation, suicide attempts, and suicide completion.^{33, 49} Episodes of recurrent depression may increase in frequency and severity with each episode; patients experiencing recurrent episodes are more likely to become resistant to treatment.⁵⁰

Burden

Depression continues to be a major public health problem. It is the leading cause of disability worldwide,⁵¹ and produces the greatest decrement in health compared to other chronic health conditions,⁵² partly because the typical age of onset is earlier for depression than for most other prevalent chronic conditions. Children and adolescents with MDD typically have functional impairment across family, school, social, or work domains. Decreased academic performance and troubled relationships with parents, siblings, and peers are common.⁵³⁻⁵⁵

The high prevalence of depression, its association with numerous coexisting mental and physical conditions, and consequent impairment in various domains of functioning may lead to lost productivity, decreased quality of life, and strain on an already burdened health care system over the life course.³³ Although the overall economic burden of depression in children and adolescents is largely unknown, health care costs, in general, are higher for children with depressive disorders than for children with other mental health diagnoses (excluding conduct disorder) or children without mental health diagnoses.⁵⁶

In children and adolescents, depression carries the additional burden of negatively affecting developmental trajectory. Changes in a child's behavior attributable to depression can affect peer interactions, academic competence, and family interactions. The onset of depression during childhood and adolescence is associated with significant reductions in "human capital" (i.e., educational and vocational attainment) in affected individuals.⁵⁷

Current Clinical Practice in the United States

Identification of Depression in Primary Care and School Settings

Most children and adolescents (97 percent) report having a usual place of health care.⁵⁸ Although only about 2 to 3 percent present with a primary psychiatric complaint,^{59, 60} research has shown that depression affects a sizable proportion of adolescents in primary care settings,⁶¹ most of whom present with physical problems. Hallmark symptoms of depression such as sleep and appetite disturbances may present as complaints of tiredness or nonspecific pain, such as stomachaches or headaches. Younger children, in particular, are more likely to experience these somatic complaints, social withdrawal, and irritability, whereas adolescents are more likely to be unable to sleep and have psychomotor agitation.^{26, 48, 62, 63}

Because of the ways depression can present, primary care providers play a critical role in identifying depression in children and adolescents, particularly because youth with mental health issues are high users of primary care services.⁶⁴ Because they are often the first point of contact for children and their families who are experiencing distress, pediatric care providers can facilitate early identification of mental health issues, begin initial management, and refer children for further assessment and treatment for mental health. Pediatricians, however, tend to be highly specific in assessing emotional and behavioral problems (e.g., 84 percent of children assessed as nondisturbed in fact did not have a psychiatric disorder in one study) but not very sensitive (e.g., pediatricians identified only 17 percent of children with behavioral or emotional problems as such).⁶⁵

In addition to primary health care, schools play an important role in identifying and treating depression in children and adolescents. In 2011, 12 percent of adolescents ages 12 to 17 years reported receiving mental health care at school.⁴ In one study, 93 percent of school nurses felt that providing mental health care was a critical part of their job, yet less than half reported that they had received any training in mental health.⁶⁶ A majority of school nurses surveyed reported that mental health problems of students occupied more than one-quarter of their work time.

Proportion and Characteristics of Children and Adolescents With MDD Who Receive Treatment

In nationally representative U.S. studies, less than one-half of children and adolescents with MDD receive mental health treatment. In the 2001 to 2004 NCS-A, 39 percent of adolescents ages 13 to 17 years with a past-year MDD or dysthymia diagnosis reported receiving mental health treatment in their lifetime.⁶⁷ Those with more severe cases of depression were not more likely to receive treatment. Overall, 36 percent of adolescents with depression reported receiving specialty mental health treatment,⁶⁸ and 20 percent reported the use of psychotropic medication. Among adolescents with a mood disorder who received treatment, 59 percent received care in a mental health specialty setting, 40 percent received care in a school setting, 26 percent received care in a general medical setting, 25 percent received care in a human service setting, 17 percent reported use of complementary and alternative medicine (CAM) treatment, and 9 percent received care in a juvenile justice setting.

In the 2011 NSDUH, among pediatric patients 12 to 17 years of age with a past-year major depressive episode or a past-year major depressive episode with severe impairment, 38 percent and 44 percent, respectively, reported receiving depression-specific treatment in the past year.⁴ Among adolescents receiving depression treatment, 58.4 percent received care from a counselor, 34 percent from a psychologist, 26 percent from a psychiatrist, 23 percent from a general practitioner or family doctor, 15 percent from an alternative services provider (e.g., religious or spiritual advisor, herbalist, chiropractor, acupuncturist, massage therapist), and 15 percent from a social worker. Similarly, in 2001 to 2004 NHANES data, 44 percent of children 8 to 15 years with depression reported receiving treatment.⁸

Several factors are related to whether children and adolescents with depression receive mental health treatment. Sociodemographic correlates include age, sex, race, ethnicity, parent education level, and comorbidity.^{8, 67, 69-71} In addition, females and those with lower parental income, suicidality, severe depression, and specialty mental health treatment are more likely to use psychotropic medications for depression.⁶⁸

Current Screening Practices in Primary Care and School-Based Settings

Studies from the early 2000s found that about half of physicians reported any adolescent screening for depression, and only 17 percent screened all adolescents for depression.⁷² Only 3 percent of patients,^{72, 73} however, had depression screening documented in their medical records.

In 2009, the USPSTF guidelines recommended universal screening for depression for children and adolescents ages 12 to 18 years in primary care settings when resources are available for additional evaluation and care.^{74, 75} A pilot study showed screening instruments to be well received and accepted by adolescent patients, their parents, and their health care providers.⁷⁶ In this study, providers perceived parents and patients as expressing more satisfaction than dissatisfaction with the screening procedures and thought the increased time burden could be handled.⁷⁶ After the USPSTF 2009 screening recommendations appeared, several medical

practices and school districts adopted mental health programs that routinely screen for depression, but the larger impact of the recommendation remains unknown.⁷⁷⁻⁷⁹

Although a majority of experts from family medicine, pediatrics, nursing, psychology, and child psychiatry endorse routine surveillance for youth at high risk for depression,⁸⁰ universal screening is still debated. Some pediatricians report discomfort with making a diagnosis of depression stemming from lack of self-efficacy, training, or experience specific to delivering mental health care.⁸¹ A primary care study in a pediatric population examining physical pain, mental health symptoms, and provider characteristics revealed several factors associated with addressing psychosocial health during primary care visits.⁸² The presence of hyperactivity symptoms, mental health complaints, care by a female clinician, and practitioner-reported confidence in mental health treatment correlated with discussions between patients and clinicians about psychosocial health; by contrast, presenting complaints of pain were less likely to prompt psychosocial discussions.

The success of a screening program is predicated on the assumption that it will identify a significant number of depressed children and adolescents who do not already have a diagnosis and engage them in treatment that has been proven to be effective. If clinicians are unable to provide effective depression care themselves or via referral to other health care professionals, the identified child or adolescent is unlikely to benefit from screening. Furthermore, successful screening depends on the willingness of the provider to screen, and some clinicians express concerns about medicalizing emotional distress and question whether psychiatric diagnosis in adolescents is helpful.⁸³

Potential risks of screening may include false-positive screens leading to unnecessary stigma, inappropriate treatments, and unwarranted use of health care resources.^{84, 85} In addition, the time involved with screening may lead already busy providers to give depression screening higher priority than other important screening, questions, and discussions within a limited appointment time. Finally, the evidence on the cost-effectiveness of universal depression screening for children is not yet demonstrated.⁵⁶ The costs and benefits of screening cannot be easily and validly captured by existing medical record data sources because it is usually coded under a generic risk assessment procedure code (e.g., CPT code 99420: administration and interpretation of health risk assessment instrument) or as part of a well-child visit. Thus, primary research using prospective data need to demonstrate the potential risks and benefits of screening for depression in children and adolescents in primary care settings. The effects of the Patient Protection and Affordable Care Act⁸⁶ on screening and treatment rates are still unclear.

Screening Strategies

Screening Tools

Practitioners can use many different screening tools to identify depression in children and adolescents; some have been used in primary care. These instruments need to be reliable, valid, and quick and easy to administer and score in an office setting. **Table 1** describes key elements of these screening tools, including the number of items in each tool, administrative time to

complete the screen, appropriate ages for the screen, and the sensitivity and specificity of the tool.

Several screening tools have been developed specifically for pediatric settings. These include the newly developed Children's Depression Screener (ChID-S)⁸⁷ and the Pediatric Symptom Checklist.⁸⁸ In addition, the new Depression Screener for Teenagers (DesTeen), a depression screening instrument designed for pediatric care, focuses on cognitive and emotional symptoms and leaves out items common in somatically ill patients such as loss of appetite, sleep disturbance, and physical complaints in an attempt to tease apart sometimes overlapping depression and somatization symptoms.⁸⁹

Screening positive on an initial screening test does not necessarily indicate the need for treatment. Screening is usually done in two phases: an initial screen is followed by a second phase where skilled clinicians take into account contextual factors surrounding the individual's current situation either through additional probing or via a formal diagnostic interview. Some experts argue that there is the potential to medicalize normal emotions in response to loss or stress among adolescents and suggest that screening instrument questions use language such as "for no good reason" or "way beyond what makes sense in the circumstances" to minimize the number of false positives.⁹⁰ In instances where treatment is recommended, treatment can then be initiated either by the screening provider or via referral to another set of treatment providers. In a study that sampled primary care pediatricians, only 17 percent used formal DSM-IV criteria for assigning a diagnosis following a positive screen. Once depression was diagnosed, 92 percent of pediatricians reported further assessment of specific symptoms and contributing factors.^{73, 91} Screening negative, however, does not always preclude referral when clinical judgment or parental concerns suggest otherwise.

Treatment Approaches

Treatment Types

The American Academy of Child and Adolescent Psychiatry⁹² (AACAP) recommends conceptualizing the treatment of depressive disorders in three phases: acute, continuation, and maintenance. The goal of treatment during the acute phase is to achieve response and ultimately full symptomatic remission; continuation treatment is required to consolidate the response during the acute phase and to prevent relapse. Some youth will require maintenance treatment to avoid recurrence of depression if they have a more severe, chronic, or recurrent depressive disorder.

AACAP also recommends that each phase of treatment include education of family members and the patient about the cause, symptoms, and treatments of depression and about the risks associated with treatment and with no treatment. Psychoeducation is believed to be especially important for improving treatment adherence. Recommended treatment types may vary by the severity of MDD. For children and adolescents with mild depression, most of whom will not have an MDD diagnosis, supportive treatment that includes active listening, reflection, problem solving, and reviewing coping skills may be adequate. For patients with moderate to severe depression including MDD, psychotherapy (including cognitive behavioral or interpersonal

therapy) or a trial of antidepressants (or both) is indicated.

Pharmacotherapy

Although several antidepressants are approved for treating MDD in adult populations, fluoxetine is the only medication that the U.S. Food and Drug Administration (FDA) has approved for use in treating MDD in children aged 8 or older. In addition, the FDA has approved escitalopram to treat MDD in adolescents aged 12 to 17. Other medications may sometimes be prescribed to children on an off-label basis. However, in 2003, the FDA recommended that paroxetine not be used for treating MDD in children and adolescents because of reports of possible suicidal ideation and suicide attempts in children and adolescents taking paroxetine for depression. The following year, in 2004, the FDA issued a public warning about an increased risk of suicidality in children and adolescents treated with antidepressants. The FDA currently requires these medications to carry a boxed warning about the potential danger of suicidality.

Psychotherapy

Cognitive behavioral therapy and interpersonal therapy. Different types of psychotherapy are used in treating children and adolescents with depression, but cognitive behavioral therapy (CBT) and interpersonal therapy (IPT) have the most evidence supporting their effectiveness.⁹³ CBT focuses on identifying cognitive distortions that may lead to depressed mood, then using problem solving, behavior activation, and emotion regulation skills to help manage depression. The child works to improve mood by changing unhealthy patterns of thinking and by ultimately working on changing behaviors, often with the assistance of family members.⁹⁴

IPT focuses on improving mood by improving interpersonal functioning and increasing social support. The therapist reviews the patient's patterns in relationships, explores capacity for intimacy, and evaluates current relationships. An interpersonal focus is identified, and treatment focuses on resolving the identified problem area and practicing interpersonal skills in sessions. IPT, originally developed for adults, has been modified for adolescents (IPT-A). This version focuses on increasing adolescents' independence and negotiating support needed from others such as parents; it also includes parental participation.⁹⁵

Other types of therapy. Other types of therapy used clinically for treating depression include supportive psychotherapy, family therapy, psychodynamic therapy, behavioral therapy, dialectical behavioral therapy,⁹⁶ educational interventions, exercise,⁹⁷ mindfulness training, problem-solving therapy, play therapy, and humanistic therapy. Some of these therapies are considered to be complementary and alternative medicine (CAM) treatments. In addition to exercise and mindfulness training, other CAM therapies for depression include massage, relaxation techniques, yoga, dietary supplements/herbal remedies, light therapy, music therapy, and magnetic therapy.

Combination Therapy

Combination therapy is the use of more than one type of treatment such as two types of medications or one type of pharmacotherapy and one type of psychotherapy.⁹⁸⁻¹⁰⁰

Collaborative Care

Collaborative care interventions operate at the system level of care. Primary care providers and mental health specialists typically work together with the support of a case manager to identify and treat patients in need.

Many of these therapies have not been adequately studied in children and adolescents and the long-term outcomes of all these interventions remain unknown. In practice, however, the state of Massachusetts has created a state-wide system of collaborative care that seeks to connect primary care with child psychiatry: the Massachusetts Child Psychiatry Access Project (MCPAP).¹⁰¹ MCPAP is a system of regional children's mental health consultation teams designed to help primary care providers meet the needs of children with psychiatric problems. The program, free to all Massachusetts primary care providers who treat children, supports and educates primary care clinicians on how to handle mental health concerns.

Other Guidelines and Recommendations

Many professional organizations and institutions in the United States recommend screening young people for mental health during the primary care visit (**Appendix A**). The American Academy of Pediatrics (AAP); American Medical Association (AMA); and Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program all recommend routine screening for behavioral and emotional problems. The joint task force of the AAP and AACAP support the emerging use of and payment of primary care physicians for using standardized screening tools for children and adolescents. Several other U.S.-based agencies support the USPSTF 2009 recommendation and further research on children and adolescents' comprehensive access to mental health services.

Comparable international organizations and agencies do not explicitly recommend routine screening for depression in children and adolescents. The Canadian Task Force on Preventative Health Care concludes that there is insufficient evidence to recommend for or against screening for depression among children or adolescents in primary settings. The United Kingdom's National Institute for Health and Clinical Excellence (NICE) recommends specific psychological therapy for young people with moderate to severe depression. NICE recommends that children or young people with moderate to severe depression should not take antidepressant medication except in combination with concurrent psychological therapy, and that antidepressant medication not be offered to children with mild depression.

Rationale for Changes to Scope Since 2009 Review

The USPSTF will use this report to update its 2009 recommendation on screening for child and adolescent depression among average-risk populations recruited from primary care or school-based clinic settings.

This review summarizes the evidence to date for the benefits and harms of screening, the accuracy of feasible screening tests, and the benefits and risks of treating depression using

psychotherapy and/or SSRIs among patients ages 7 to 18 years in primary care or school-based clinic settings. The report concludes with a discussion of the implications of the findings and key gaps in this scientific literature.

This updated review contains several changes to its scope, primarily focused on alternative inclusion and exclusion criteria of studies providing supportive evidence. Unlike the prior review, we focus on screening for MDD only (at least 50 percent of the sample needed to have MDD); we do not address screening or treatment for minor depression or dysthymia. Little is known about the etiological links between subthreshold depression, dysthymia, and major depressive disorder in children and adolescents. Focusing on MDD reduces heterogeneity in patient characteristics and targets the children and adolescents experiencing more serious symptoms who are most likely to suffer severe functional impairment and suicidality. In addition, little is known regarding efficacious treatments for subsyndromal or other types of depression like dysthymia or persistent depressive disorder among children or adolescents and at what point along the continuum treatment is warranted. As stated previously, the ultimate goal of screening is to improve health-related outcomes by identifying depressed children and adolescents who are not already identified as depressed and engaging them in effective treatment. Thus, the paucity of efficacious treatments for dysthymia or subthreshold depression suggests that the net benefit of screening for less severe forms of depression may not outweigh the burden of universal screening. The implications of focusing on MDD and other scope changes are further described below and in the Discussion section.

Chapter 2. Methods

Key Questions and Analytic Framework

The investigators, U.S. Preventive Services Task Force (USPSTF) members, and Agency for Healthcare Research and Quality (AHRQ) Medical Officers developed the scope, Key Questions (KQs), and analytic framework (**Figure 1**) that guided our literature search and review.

Key Questions

1. Does screening for major depressive disorder (MDD) among children and adolescents in the primary care (or comparable) setting lead to improved health and other related outcomes overall and among subgroups defined by age, sex, race, or ethnicity?
2. Are depression-screening instruments for children and adolescents accurate in identifying MDD in primary care settings overall and among subgroups defined by age, sex, race, or ethnicity?
3. Does screening increase the proportion of children and adolescents identified with MDD overall and among subgroups defined by age, sex, race, or ethnicity?
4. What are the harms of screening children and adolescents for MDD overall and among subgroups defined by age, sex, race, or ethnicity?
5. Does treatment of MDD among children and adolescents identified in primary care improve health and other related outcomes overall and among subgroups defined by age, sex, race, or ethnicity?
6. What are the harms of treatment for children and adolescents overall and among subgroups defined by age, sex, race, or ethnicity?

The USPSTF also requested five contextual questions to help inform the report. We do not show the contextual questions in the Analytic Framework because they were not analyzed using the same rigorous systematic review methodology as the studies that met the report's inclusion criteria. At the title and abstract and full-text article review stages, reviewers categorized the nonincluded studies that related to the specific contextual questions.

Contextual Questions

We addressed risk factors and uptake of USPSTF recommendations via the following contextual questions:

1. What proportion of primary care providers assess, treat, and refer children and adolescents with depression (MDD, dysthymia, and minor depression)? What proportion of providers have access to collaborative systems of care for these patients?
2. What are the most common types of child and adolescent MDD treatment initiated in or referred from primary care settings?
3. Is there evidence of valid and reliable risk stratification tools to identify children and adolescents at highest risk for MDD?

4. In primary care, school, or comparable settings, are children or adolescents with MDD and comorbid mental health (e.g., attention deficit hyperactivity disorder, anxiety disorders) or chronic physical health conditions (e.g., diabetes, asthma) more likely to get screened, treated, or referred for treatment than children or adolescents with MDD only? Do they receive different treatments from children or adolescents without comorbidities?
5. Is there evidence of effectiveness of serotonin–norepinephrine reuptake inhibitors, norepinephrine-dopamine reuptake inhibitors, or complementary and alternative medicine treatments for children or adolescents with MDD?

Search Strategies

We searched PubMed/MEDLINE®, the Cochrane Library, and PsycInfo for English-language articles published through February 4, 2015. We used Medical Subject Headings as search terms when available and keywords when appropriate, focusing on terms to describe relevant populations, screening tests, interventions, outcomes, and study designs. **Appendix B** describes the complete search strategies. We conducted targeted searches for unpublished literature by searching ClinicalTrials.gov, HSRProj, and the World Health Organization’s International Clinical Trials Registry Platform. To supplement electronic searches, we reviewed the reference lists of pertinent review articles and studies meeting our inclusion criteria and added all previously unidentified relevant articles. We also manually reviewed all literature suggested by peer reviewers or public comment respondents and, if appropriate, incorporated it into the final review.

Study Selection

Newly Identified Studies

We selected studies on the basis of inclusion and exclusion criteria developed for each KQ based on the PICOTS approach for identifying populations, interventions, comparators, outcomes, timing, settings, and study designs¹⁰² (**Appendix B**). **Appendix C** lists excluded studies. We imported all citations identified through searches and other sources into EndNote v.5. Two investigators independently reviewed titles and abstracts. We dually and independently reviewed the full text of abstracts marked for potential inclusion by either reviewer. Two experienced team members then resolved disagreements.

Population

We included studies that focused on the screening or treatment of children and adolescents between 0 and 18 years of age for MDD. Because of the newness of the DSM-5 definition, this review includes studies using MDD diagnosis criteria at the time of their data collection (DSM-III, DSM-IIIR, or DSM-IV). We did not include studies of children and adolescents with other types of depression diagnoses; we required a majority (50 percent) of the sample to have MDD for inclusion. We also included studies that enrolled participants older than 18 years or with other diagnoses that analyzed results for children or adolescents with MDD separately.

Interventions

For KQs 1 through 4, we searched for studies that examined MDD screening instruments or general mental health screening tools that included depression modules that clinicians could use to identify depressive illness and related outcomes and that were feasible for primary care settings. For KQs 5 and 6, we searched for studies that examined pharmacological, psychotherapeutic, combination, and other interventions (i.e., pure or guided self-help, family support, parental education, and peer support).

Comparators

For KQs 1, 3, and 4, we included studies that compared screened with unscreened groups. For KQ 2 we included studies that compared a screening instrument with a gold standard diagnostic instrument. For KQs 5 and 6, we included studies that compared treatments with placebo, wait-list, usual care, supportive counseling, or sham.

Outcomes and Timing

For KQs 1, 3, and 5, we searched for studies that reported outcomes 6 weeks or more following screening or treatment. For KQ 2, we searched for studies that compared the diagnostic accuracy of screening tests with an independent gold standard within 2 months.

Settings

For KQs 1 and 3, studies had to be conducted within a primary care setting. For KQs 2 and 4, we included studies conducted in primary care, school, or nonclinic settings. KQs 5 and 6 included primary care settings and outpatient settings that received referrals from primary care settings. For all KQs, we searched for studies conducted in the United States or in countries with very high human development indexes.

Study Designs

For KQs 1, 3, 4, 5, and 6, we included randomized controlled trials, nonrandomized controlled trials, and systematic reviews published in 2011 or later. For KQs 4 and 6, we included both prospective and retrospective cohort studies with sample sizes of 1,000 or more participants. For KQ 2, we included test/retest studies that stood alone or were used with other study designs.

Studies in the 2009 Review

We applied, dually and independently, the inclusion and exclusion criteria described above to all studies included in the 2009 review.¹⁰³ We resolved disagreements by discussion and consensus; if necessary, we sought adjudication of conflicts from other experienced team members.

Data Abstraction and Quality Rating

Newly Identified Studies

We abstracted pertinent information from each included study; details included methods and patient populations, interventions, comparators, outcomes, timing, settings, and study designs. A second investigator checked all data abstractions for completeness and accuracy. For studies of interventions, we also abstracted data on dose and frequency in drug studies. Using predefined criteria developed by the USPSTF and others for additional criteria for diagnostic accuracy studies, two investigators independently assessed the quality of each study as good, fair, or poor (**Appendix D**).¹⁰⁴ Disagreements were resolved by discussion and consensus. Studies with “fatal flaws” were rated as poor quality. For KQ 2, fatal flaws that resulted in poor-quality ratings included use of an inappropriate reference standard, improper administration of the screening test, biased ascertainment of the reference standard, very small sample size, or very narrowly selected spectrum of patients. For KQs 5 and 6, fatal flaws that resulted in poor-quality ratings included initially assembled groups not close to being comparable or maintained throughout the study (including overall attrition of at least 20 percent or differential attrition of at least 15 percent between groups), use of unreliable or invalid measurement instruments or unequal application among groups (including not masking outcome assessment), no or little attention given to key confounders, and (for RCTs), the lack of intention-to-treat analysis.

Studies in the 2009 Report Meeting Inclusion Criteria

One reviewer checked for errors in previously generated abstraction tables and updated them as needed. Two reviewers dually reviewed the quality of all studies included in the 2009 report and resolved disagreement by discussion and consensus.

Data Synthesis and Analysis

In the results chapter, we first summarize the newly identified included studies. We then describe the previously identified studies that continue to meet current inclusion and quality criteria. Finally, we present a synthesis of previous and current findings.

The discussion chapter summarizes conclusions from the previous review, the 2009 USPSTF statement, and the implications of the new synthesis for previous conclusions. In addition, we assessed the overall strength of the body of evidence for each KQ using methods developed by the USPSTF, based on the number, quality, and size of studies; consistency of results among studies (similar magnitude and direction of effect); and directness of evidence (evidence links interventions directly to outcome of interest for the review).¹⁰⁴

USPSTF Involvement

This review was funded by AHRQ. Staff of AHRQ and members of the USPSTF participated in developing the scope of the work and reviewed draft manuscripts, but the authors are solely responsible for the content.

Chapter 3. Results

This chapter provides a comprehensive presentation of the evidence from the 2009 report and our updated searches. Although the Key Questions (KQs) in this update are similar to the questions in the 2009 report, our inclusion criteria are more restrictive. In particular, studies require inclusion samples with a majority having a diagnosis of major depressive disorder (MDD) and a setting in countries with a very high human development index; we also exclude paroxetine as a treatment modality. We also reevaluated studies for quality in accordance with current U.S. Preventive Services Task Force (USPSTF) criteria.

We first report on the yields from our literature searches. The results presented below first summarize and then describe new studies identified by the updated search that also meet quality criteria. Next, we summarize studies from the 2009 report that continue to meet inclusion and quality criteria (5 of the 9 studies included in the prior report for KQ 2, 4 of 17 trials reported in 6 publications included in the prior report for KQ 5, and 3 of 17 trials included in the prior report for KQ 6). We follow with a synthesis of the overall (old plus new) evidence, noting results for subgroups when such data are available. Appendix E contains full evidence tables for each KQ.

Literature Search

Figure 2 illustrates the yield at each stage of the review process for the update search. We reviewed 10,005 titles and abstracts dually and independently, and identified 367 studies for full-text review. We dually and independently rated the 5 new included studies reported in 6 publications (1 new screening trial¹⁰⁵ and 4 treatment trials reported in 5 publications¹⁰⁶⁻¹¹⁰) for quality and identified two new studies of good or fair quality, both of which examined the efficacy and harms of MDD treatment for children or adolescents identified in primary care or similar settings.^{106, 108}

Of these 367 full-text articles, common reasons for exclusion included not meeting review criteria for population (i.e., older than 18 years of age, or screening or treatment of types of depression or psychopathology other than MDD [n=171]), not meeting review criteria for comparator (n=51), not meeting review criteria for publication type (n=35), and not meeting review criteria for outcome (n=29).

In addition to the studies identified through the update search, we included 5 accuracy studies¹¹¹⁻¹¹⁵ and 4 trials reported in 6 publications out of the 37 publications included in the 2009 review.^{98, 116-120} Thus, we include 5 accuracy (KQ2) studies and 6 trials reported in 8 publications (KQ5) in this review (see **Table 2**). Of these, one trial reported on multiple treatment modalities (pharmacotherapy, psychotherapy, and combined treatments).^{98, 116, 117} As a result, the sum of trials reported across all categories of interventions exceeds the total number of trials included.

Key Question 1. Does Screening for MDD Among Children and Adolescents in the Primary Care (or Comparable) Setting Lead to Improved Health and Other Related Outcomes Overall and Among Subgroups Defined by Age, Sex, Race, or Ethnicity?

We did not find any trials that directly assessed the effects of screening (compared with no screening) on health or other related outcomes. The prior review, which included evidence published before May 2007, also found no evidence on this topic.

Key Question 2. Are Depression-Screening Instruments for Children and Adolescents Accurate in Identifying MDD in Primary Care Settings Overall and Among Subgroups Defined by Age, Sex, Race, or Ethnicity?

Summary of Newly Identified Evidence on Screening

No new studies on the accuracy of screening instruments met both inclusion and quality criteria. One study that did meet our inclusion criteria was rated as poor quality because of the potential for bias in ascertaining the reference standard: a minority of students who had been administered the screener were then interviewed using the reference standard (552 out of the total of 1,392) and no information was available regarding how the sample was selected.¹⁰⁵ We followed up with the authors of the report, but they were unable to recall how the sample was selected for diagnostic interviews.

Study Characteristics of Newly Identified Evidence on Screening

We found no new screening studies that met our inclusion/exclusion and quality criteria published since the 2009 review.

Description of Previously Identified Studies on Screening That Continue to Meet Current Inclusion and Quality Criteria

Of the nine studies (in 12 articles) identified in the previous review, seven studies (in 7 articles) continued to meet the inclusion/exclusion criteria for this update prior to quality ratings.^{111-115, 121, 122} Of the remaining two studies, one presented sensitivity and specificity for any depressive disorder rather than for MDD alone; we excluded it on grounds of not meeting review criteria for population.¹²³ The other study compared scores on the Beck Depression Inventory (BDI) with those on the Mood Module of the Primary Care Evaluation of Mental Disorders (PRIME-MD).¹²⁴ Because PRIME-MD is not a diagnostic instrument, we excluded the study for not meeting review criteria for comparison.

We rated two of the remaining seven studies as poor quality. One study (published in 1988), comparing BDI with the Childhood Assessment Schedule (CAS) in a school setting in Spain, had a small sample size (N=49) and used a reference standard for children ages 7 to 12 years for their population of adolescents ages 12 to 18 years.¹²¹ Additionally, the manuscript did not describe how students were selected or state whether the reference standard was independent and blinded. The other poor-quality study had been conducted in 1984, before validated semistructured *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (DSM-III) interview protocols suitable for use with adolescents were available.¹²² The study compared a “lifetime” diagnosis of depression on the BDI tool with a clinical interview that used a compilation of questions based on the Columbia Clinical Interview. We were unable to find data on the validity and reliability of this instrument for diagnosing MDD in children or adolescents. Additionally, screeners appeared to have been administered in the fall of the school year and diagnostic interviews in spring, leading to the investigators’ choice of lifetime diagnosis of depression rather than current episode. This outcome is of limited relevance to primary care screening. The 2009 report included eight citations for the five studies that continue to meet eligibility criteria for this update. We excluded three publications: one article did not present information on relevant outcomes¹²⁵ and two did not have data from comparison arms.^{126, 127} For this update, we include five studies of good or fair quality with one publication each¹¹¹⁻¹¹⁵ (**Table 3**).

Detailed Synthesis of Prior Evidence on Screening

Primary Care Settings: Patient Health Questionnaire for Adolescents

One of the five studies drew from primary care samples and evaluated the Patient Health Questionnaire for Adolescents (PHQ-A) (ages 13 to 18).¹¹⁵ The investigators did not report a diagnostic cutoff but did report that sensitivity for a positive test was 73 percent and specificity was 94 percent (**Table 4**). Across all tests, the PHQ-A reported the highest positive predictive value. The study did not report other outcomes or stratify results by age, race, or ethnicity.

School Settings: Beck Depression Index

The remaining studies were conducted in school settings.¹¹¹⁻¹¹⁴ Two evaluated the BDI.^{111, 112} Ages ranged from 12 to 18 years. For the commonly reported cutoff of 11 in the two included studies, sensitivity ranged from 84 to 90 percent and specificity from 81 to 86 percent. The results cannot be pooled because the information requisite to make pooled calculations was not presented. One study demonstrated a higher area under the curve for males than for females.¹¹² Neither study reported outcomes by race or ethnicity.

School Settings: Center for Epidemiologic Studies-Depression Scale

Two studies evaluated the CES-D using several different cutoffs.^{112, 113} Ages ranged from 11 to 15 years in one study;¹¹³ the mean age in the other study was higher than 16 years.¹¹² Sensitivity ranged from 18 to 84 percent and specificity from 38 to 83 percent (**Table 2**). The authors of one study noted little correlation between the results of the instruments and diagnostic interviews. No study reported outcomes by race or ethnicity. We found inconsistent results for sex, with one study finding higher sensitivity and specificity for males and the other for females.^{112, 113}

School Settings: Clinical Interview Schedule-Revised

One study evaluated a self-administered computerized form of the Clinical Interview Schedule-Revised (CIS-R) questionnaire.¹¹⁴ The CIS-R assesses multiple mental disorders, including ten questions on major depression that can be completed in approximately 5 minutes. The mean age of the study sample was 15.7 years; sensitivity was 18 percent, and specificity was 97 percent. The study did not report other outcomes or stratify results by age, race, or ethnicity.

Summary of Accuracy Results

The PHQ-A and BDI instruments reported the highest sensitivity and specificity. Across all tests and studies, the positive predictive value was low and variable, ranging from 8 to 56 percent. The negative predictive value was 91 percent for CIS-R, higher than 99 percent for both studies of BDI that used a consistent cutoff of 11, and 99 percent for the CES-D instrument.

Of note, none of the studies meeting criteria for this review tested some of the newer screeners developed specifically for children and adolescents. In addition, some studies used screeners originally developed for assessing adult depression because they were conducted before newer, child- or adolescent-specific versions of certain screeners were developed and tested.

Key Question 3. Does Screening Increase the Proportion of Children and Adolescents Identified With MDD Overall and Among Subgroups Defined by Age, Sex, Race, or Ethnicity?

We did not find any studies that addressed whether screening increases the proportion of children or adolescents identified with MDD. The prior review also found no evidence on this topic.

Key Question 4. What Are the Harms of Screening Children and Adolescents for MDD Overall and Among Subgroups Defined by Age, Sex, Race, or Ethnicity?

We did not find any studies that assessed harms of screening for MDD in children and adolescents. The prior review also found no evidence on this topic.

Key Question 5. Does Treatment of MDD Among Children and Adolescents Identified in Primary Care Improve Health and Other Related Outcomes Overall and Among Subgroups Defined by Age, Sex, Race, or Ethnicity?

Summary of Newly Identified Evidence on Treatment

We found four new treatment trials (reported in five publications) that fit our inclusion criteria published since the last review, but only two met quality criteria. One trial, presented in two publications, examined the impact of escitalopram on adolescent MDD.^{106, 107} We rated the publication that examined the extended efficacy, safety, and tolerability of escitalopram relative to placebo¹⁰⁷ as poor quality because of substantial overall attrition (46.7 percent). Thus, we include only the original trial¹⁰⁶ in our synthesis of KQ 5 evidence. We also found one trial of good quality on collaborative care that we included in this review.¹⁰⁸ We rated a trial that examined the efficacy of Parent–Child Interaction Therapy Emotion Development (PCIT-ED) among preschool children with depression as poor quality because of its large and differential attrition.¹¹⁰ Likewise, we rated a trial of adjunctive family psychoeducation in adolescent major depressive disorder as poor quality because the study dropped participants from one study site, did not perform intention-to-treat analysis, and did not blind outcome assessors.¹⁰⁹

Study Characteristics of Newly Identified Evidence on Treatment

A study sponsored by Forest Laboratories consisted of an 8-week fair-quality RCT¹⁰⁶ of escitalopram in adolescents ages 12 to 17 years with MDD (randomized n=316) across 40 sites throughout the United States. Inclusion and exclusion criteria created a very narrow patient sample, which compromised generalizability (see **Table 5**).

Randomized patients in the escitalopram group received 10 mg/day of escitalopram increased to 20 mg/day after the first 3 or 4 weeks if necessary (and returned to 10 mg/day if the patient experienced any adverse events [AEs]) throughout the 8-week study. Patients in the control group received placebo. The study reported characteristics only of the sample who received at least one dose of medication or placebo. Nearly 17 percent of this sample had been treated with antidepressants previously (61.5 percent of these treated adolescents were nonresponders); 14.7 percent of the sample had a lifetime secondary psychiatric disorder; 29.9 percent of the sample had recurrent MDD.

The investigators did not report fidelity and adherence to the treatment regimen or either recruitment or intervention settings. Attrition was moderate in both groups. Study characteristics are listed in **Table 6**.

Intention-to-treat (ITT) analyses used last observation carried forward (LOCF) methods using analysis of covariance (ANCOVA) models for continuous outcomes; the investigators adjusted for baseline scores and study site. For response and remission dichotomous outcome

variables, they used logistic regression models that included baseline scores and study site as covariates.

One good-quality study in nine pediatric and family medicine clinics in the Group Health system randomized adolescents ages 13 to 17 to collaborative care or enhanced usual care.¹⁰⁸ The majority of the sample was white (69 percent), female (72 percent), and had major depression (60 percent). Depression care managers delivered developmentally sensitive materials, involved both the adolescent and parent in the initial education and engagement session, offered a choice of treatment, and followed up regularly with patients. Patients and their primary care clinicians in the enhanced usual care arm received a letter summarizing test results and encouraging followup and treatment. The investigators monitored fidelity in the intervention arm until the depression care manager was deemed proficient. Of the 101 randomized patients, 5 in the intervention arm and 2 in the control arm withdrew. The study used ITT principles but did not specify the approach.

Description of Previously Identified Studies on Treatment That Continue to Meet Current Inclusion and Quality Criteria

Of 17 fair- or good-quality trials (presented in 22 publications) identified in the previous review, 9 trials reported in 11 publications met the inclusion/exclusion criteria for this update,^{98, 116-120, 128-132} prior to applying quality criteria. Primary reasons for excluding studies for this review that had been in the prior review were not meeting review criteria for population (MDD for at least 50 percent of sample not required for inclusion¹³³⁻¹³⁷), wrong comparator (usual care arm received psychotherapy)¹³⁵, not meeting review criteria for intervention (paroxetine¹³⁸⁻¹⁴⁰), not meeting review criteria for outcome (time to response),¹⁴¹ and not meeting review criteria for geographic setting (1 trial presented in 2 publications on a study conducted partially in countries with a low human development index^{142, 143}). Of the 9 trials (11 publications) from 2009 meeting new inclusion criteria, 4 trials (6 publications) met updated quality criteria.^{98, 116-120}

Pharmacotherapy

Five trials reported in seven publications in this updated review are pharmacotherapy interventions involving SSRIs. Of these, three trials tested fluoxetine in both children and adolescents ages 7 to 17 years¹²⁸ and 8 to 17 years¹²⁹ and in adolescents ages 12 to 17 years;^{98, 116, 117} one tested citalopram in children and adolescents ages 7 to 17 years;¹¹⁹ and one tested escitalopram in children and adolescents ages 6 to 17 years.¹¹⁸ We continue to note the age ranges of each trial for the remainder of the report due to the importance of age group on outcomes. Based on our evaluation of these five trials using updated criteria for quality assessment, we rated two trials as poor. These fluoxetine trials^{128, 129} had high overall attrition (75 percent and 28 percent, respectively) and high differential attrition (21 percent and 34 percent, respectively); these two trials rated as poor quality are not synthesized with our newly identified study. Thus, three trials reported in 5 pharmacotherapy trials from the prior report that met inclusion/exclusion and quality criteria are included in this update.

In all, this report includes the results of four pharmacotherapy trials (1 new, 3 included in the 2009 review) reported in six publications. We used the results of one fluoxetine trial, a previously reported trial presented in three publications conducted among adolescents ages 12 to

17 years.^{98, 116, 117} In addition, we used two trials that studied escitalopram: one previously reported trial conducted on children and adolescents ages 6 to 17 years¹¹⁸ and one new trial conducted on adolescents ages 12 to 17 years.¹⁰⁶ The fifth trial reported in the prior review tested citalopram versus placebo in a sample of children and adolescents ages 7 to 17 years.¹¹⁹

Psychotherapy

Five psychotherapy trials (7 publications)^{98, 116, 117, 120, 130-132} in the 2009 review continued to meet our study inclusion prior to applying quality criteria.

Studies included two individual IPT trials in adolescents ages 13 to 17¹³⁰ and 12 to 18,¹³¹ three individual CBT trials reported in 5 publications in adolescents 14 to 18,¹²⁰ 13 to 17¹³⁰ and 12 to 17,^{98, 116, 117} and one attachment-based family therapy trial in adolescents ages 13 to 17.¹³² We excluded four psychotherapy trials in the previous review (which tested CBT, group relaxation, individual self-modeling, group self-control, group behavioral problem-solving, and cognitive bibliotherapy [e.g., therapeutic reading] interventions) because inclusion criteria did not require that at least 50% of the children or adolescents have MDD,^{133, 134, 136, 137} and one trial due to wrong comparator.¹³⁵ We did not find any additional psychotherapy trials that met our inclusion criteria published since the last review. Of note, no evidence is available from either prior or current studies that tested psychotherapy interventions in children less than 12 years of age.

Based on our evaluation of these five trials using updated criteria for quality assessment, we rated three trials as poor quality.¹³⁰⁻¹³² For the Rossello et al. CBT and IPT trial,¹³⁰ our rating was based on baseline differences between groups and no ITT analyses. The Mufson IPT trial had both very high overall attrition and differential attrition (33 percent and 42 percent, respectively).^{131, 120} Finally, the Diamond attachment-based family therapy trial had different followup periods for the wait-list group (6 weeks) and intervention group (12 weeks).¹³² For these reasons, we do not summarize information from these three trials in this updated review. We did not identify any new psychotherapy trials that met our inclusion and quality criteria; thus, the two psychotherapy trials we summarize include 1) the March et al. trial⁹⁸ with additional outcomes presented in Vitiello et al. and Kennard et al.,^{116, 117} in which CBT was compared with placebo and clinical monitoring and 2) the Clarke trial of group CBT.¹²⁰

Combined Interventions

We did not identify any new studies of combined interventions. The single combined intervention trial presented in 3 publications in the prior report continued to meet inclusion criteria.^{98, 116, 117} This trial, rated good quality, combined fluoxetine and individual CBT among adolescents with MDD. Thus, the only combined intervention trial described is the March et al.⁹⁸ trial of combined fluoxetine and CBT versus placebo and the additional two trials reporting on alternative outcomes.^{116, 117}

Detailed Synthesis of Prior Evidence With New Findings on Treatment

Pharmacotherapy

Fluoxetine: depression outcomes. The good-quality fluoxetine RCT from the prior report found that the fluoxetine group was more likely to respond (Clinical Global Impression—Improvement Scale [CGI-I] of 1 or 2) than the placebo group (60.6 percent versus 34.8 percent, $p=0.001$; risk ratio, 1.74) at 12 weeks of followup (**Table 7**).⁹⁸ The mean depression score as measured by change in either the Children’s Depression Rating Scale—Revised (CDRS-R) or the Reynolds Adolescent Depression Scale (RADS) score at 12-week followup did not significantly differ between the fluoxetine and placebo groups (least squares mean difference [LSMD], -3.05; $p=0.10$; LSMD, -1.8; $p=0.34$, respectively). The effect size (Hedges g) was 0.68 on the CDRS-R and 0.58 on the CGI-I; the number needed to treat (NNT) for the dichotomous CGI-I (1 or 2) measure was 4 (95% CI, 3 to 8).

An additional study published using the same data found that 23 percent of the fluoxetine group versus 17 percent of the placebo group had remitted (CDRS-R ≤ 28 at 12-week follow-up; $p<0.05$).¹¹⁶ After adjusting for study site, however, this association failed to reach significance (OR, 1.5; 95% CI, 0.74 to 2.88). When examining the proportion of each group who had remitted using a different definition, however, the fluoxetine group was significantly more likely to no longer meet MDD criteria at follow-up (OR, 2.4; 95% CI, 1.27 to 4.67).

Fluoxetine: other outcomes. Only one fluoxetine trial reported on other efficacy outcomes in a single publication.¹¹⁷ The fluoxetine group had greater mean increase in functional status scores as measured by the CGAS (mean change, 12.6) as compared with the placebo group (mean change, 10.2; $p=0.0381$). Changes in global burden of psychiatric problems as measured by the HoNOSCA and change in quality of life as measured by the PQ-LES-Q did not differ between fluoxetine and placebo groups.

Fluoxetine: subgroup differences. The March et al.⁹⁸ study did not report efficacy results by subgroups of interest.

Escitalopram: depression outcomes. A newly identified fair-quality RCT of escitalopram in adolescents found significantly greater CDRS-R depression severity improvement for the escitalopram group than for the placebo group using the LOCF approach (LSMD, -3.356; $p=0.022$; effect size, 0.27) but not using the observed cases approach (LSMD, -2.787; $p=.07$).¹⁰⁶ The escitalopram group also had significantly better CGI-I scores (LSMD, -0.344; $p=0.008$) and Clinical Global Impression—Severity Scale (CGI-S) change scores (LSMD, -0.37; $p=0.007$) than the placebo group. For response and remission, the percentage of CGI-I responders was significantly greater for escitalopram- than placebo-treated patients (LOCF; 64.3 percent versus 52.9 percent, respectively; $p=0.03$; logistic regression). However, when response was defined as a 40 percent or greater improvement from baseline in CDRS-R score, response rates at endpoint were not significantly different between the escitalopram and placebo groups (59.1 percent versus 48.4 percent, respectively, in LOCF logistic regression analysis, $p=0.06$). Remission rates

(CDRS-R of 28 or less at study endpoint) were 41.6 percent for escitalopram and 35.7 percent for placebo (LOCF; $p=0.15$; logistic regression).

A fair-quality RCT of escitalopram ($n=129$) versus placebo ($n=132$) from the prior report did not find significant between-group differences in change in depression severity or symptoms as measured by mean CDRS-R scores (LSMD, -1.7 ; $p=0.31$), mean CGI-S scores (LSMD, -0.3 ; $p=0.06$), or mean CGI-I scores (LSMD, -0.2 ; $p=0.17$) at 8 weeks of followup. It also did not find differences in response at 8 weeks as measured by either CGI-I scores (1 or 2; 63 percent versus 52 percent; $p=0.14$) or CDRS-R scores (28 or lower; 46 percent versus 38 percent; $p=0.32$).¹¹⁸

Escitalopram: other outcomes. The new escitalopram trial looked for differences in global functioning in adolescents as measured by the CGAS at the end of 8 weeks of treatment;¹⁰⁶ it did not find significant differences between intervention and placebo groups. Likewise, the older Wagner trial did not find significant CGAS change scores at followup between escitalopram and placebo groups.¹¹⁸

Escitalopram: subgroup differences. The new escitalopram trial did not examine efficacy outcomes by subgroups of interest.¹⁰⁶ The older escitalopram trial, however, examined changes in CDRS-R, CGI-S, CGI-I, and CGAS scores in the subgroup of adolescents ages 12 to 17 years and the subgroup of children ages 6 to 11 years separately.¹¹⁸ None of the between-group comparisons among children was significant; among adolescents, however, all changes except CDRS-R scores significantly differed by treatment group (CGI-S LSMD, $-.05$, $p=0.02$; CGI-I LSMD, -0.4 , $p=0.04$; CGAS LSMD, 5.7 , $p=0.005$).

Citalopram: depression outcomes. The citalopram trial conducted among patients 6 to 17 years of age¹¹⁹ found no significant differences in response between the drug and placebo groups at followup (CGI-I scores 1 or 2, 47 percent versus 45 percent). Remission (CDRS-R 28 or lower scores) also did not significantly differ between the citalopram and placebo groups (36 percent versus 24 percent; $p=0.08$).

Citalopram: other outcomes. The single citalopram trial did not report on any other outcomes.¹¹⁹

Citalopram: subgroup differences. The single citalopram trial did not report on any efficacy differences by any subgroup, although the investigators had selected participants by separately sampling children 7 to 11 years and adolescents 12 to 17 years.¹¹⁹

Summary of efficacy findings. **Table 7** and **Figure 3** show the efficacy results for the four SSRI trials (citalopram, escitalopram, and fluoxetine) examining response as the primary outcome.^{98, 106, 118, 119} Figures 4 through 8 display remission outcomes and mean change scores of depression symptom severity, depression symptom improvement, depression severity, and global assessment of functioning, respectively, for studies reporting each of these outcomes.

Psychotherapy

Cognitive behavioral therapy (monotherapy): depression outcomes. The good-quality fluoxetine RCT from the prior report⁹⁸ found no significant differences in response (CGI-I of 1 or 2 at follow-up) for the cognitive behavioral therapy (CBT) group versus the placebo group (43.2 percent versus 34.8 percent; risk ratio, 1.24).⁹⁸ The mean depression score as measured by change in either the Children's Depression Rating Scale—Revised (CDRS-R) or the Reynolds Adolescent Depression Scale (RADS) score at 12-week followup did not significantly differ between the CBT and placebo groups (least squares mean difference [LSMD], 1.83; $p=0.40$; LSMD, 4.85; $p=0.21$, respectively).

An additional study published using the same data found that no differences in remission between the CBT and placebo groups using CDRS-R ≤ 28 criteria (16 percent versus 17 percent, respectively) or using definition of no longer meeting MDD criteria (OR, 1.0; 95% CI, 0.52 to 1.77).¹¹⁶

The fair CBT trial initially randomized adolescents (14-18 years) meeting DSM-III-R criteria for MDD or dysthymia to group CBT or group CBT with separate parent sessions versus waitlist control, but combined the two active groups in analysis.¹²⁰ The study defined recovery as no longer meeting DSM-III-R criteria for either major depression or dysthymia for the two weeks preceding the post-treatment assessment). The study reported an odds ratio of 2.15 for recovery (90% CI, 1.01 to 4.59). At 95%, the confidence intervals span the line of no difference (0.87 to 5.33). The study collected continuous measures of improvement on the Hamilton Depression Rating Scale (HAM-D) and BDI and found no statistically significant differences between combined intervention arms and the control arm on HAM-D, but a significantly greater differences in DBI scores in the intervention arms (group X time z scores for random effects regression: 2.44, $p<0.05$; change score effect size: 0.54).

Cognitive behavioral therapy: other outcomes. One study did not report significantly different changes in functional status scores as measured by the CGAS, changes in global burden of psychiatric problems as measured by the HoNOSCA, and changes in quality of life as measured by the PQ-LES-Q as compared with the placebo group.¹¹⁷ The second study measured global functioning on the Global Assessment of Functioning (GAF) and emotional and behavioral problems on the Child Behavioral Checklist. The study found that children in the combined interventions arms had lower GAF scores than children in the control arms (group X time z scores for random effects regression: 2.70, $p<0.01$; change score effect size: 0.61). The study found no statistically significant differences between combined intervention arms and the control arm on CBCL measures.¹²⁰

Cognitive behavioral therapy: subgroup differences. The CBT trials^{98, 116, 117, 120} did not report any outcome differences by subgroups.

Combined Interventions

Fluoxetine and cognitive behavioral therapy: depression outcomes. The single good-quality fluoxetine and cognitive behavioral therapy (CBT) intervention RCT from the prior report found that patients in the combined intervention group were significantly more likely to respond (CGI-I

of 1 or 2) than patients in the placebo group (71.0 percent versus 34.8 percent, $p=0.001$; risk ratio, 2.04).⁹⁸ The combined intervention group also had larger decreases in mean depression scores than the placebo group as measured by change in either the Children's Depression Rating Scale—Revised (CDRS-R) (least squares mean difference [LSMD], -7.59, $p=0.001$) or the Reynolds Adolescent Depression Scale (RADS) score at 12-week followup (LSMD, -8.59, $p=0.001$).

An additional study published using the same data found that the combined fluoxetine and CBT group were significantly more likely than the placebo group to be in remission at 12-week follow-up as defined by having a CDRS-R score of 28 or less (37 percent versus 17 percent, OR adjusted for site, 3.0; 95% CI, 1.58 to 5.79) and as defined by no longer meeting MDD criteria (85.3 percent versus 60.4 percent; OR adjusted for site, 4.1; 95% CI, 2.00 to 8.44).¹¹⁶

Fluoxetine and cognitive behavioral therapy: other outcomes. One publication from the single combined fluoxetine and CBT trial presented on other efficacy outcomes.¹¹⁷ The combined group had significantly better improvements than the placebo group in global functioning (change CGAS, 16.6 versus 7.9, $p<0.001$), global burden of psychiatric problems (change HoNOSCA, -7.2 versus -5.5, $p=0.0393$), and quality of life (change PQ-LES-Q, 12.2 versus 5.7).

Fluoxetine and cognitive behavioral therapy: subgroup differences. The single fluoxetine and CBT combined intervention trial presented in three publications^{98, 116, 117} did not report any outcome differences by subgroups.

Collaborative Care

Collaborative care: depression outcomes. A single collaborative care study found intervention patients had an 8.5-point greater decrease in mean CDRS-R from baseline than control patients (95% CI, -13.4 to -3.6; $p=0.001$) at 6 months and a 9.4-point greater decrease from baseline at 12 months (95% CI, -15.0 to -3.8; $p=0.001$). A test of the interaction between group effects and time was statistically significant at $p<0.001$. Intervention patients were more likely than control patients to achieve depression response (≥ 50 reduction in CDRS-R from baseline) by 12 months (OR, 3.3; 95% CI, 1.4 to 8.2; $p=0.009$) but not by 6 months (OR, 3.1; 95% CI, 1.2 to 7.9; $p=0.02$). Regarding remission, intervention patients were significantly more likely to achieve depression remission at both 6 months (OR, 5.2; 95% CI, 1.6-17.3; $p=0.007$) and 12 months (OR, 3.9; 95% CI, 1.5 to 10.6; $p=0.007$).

Collaborative care: other outcomes. The single collaborative care study reported on functional status.¹⁰⁸ The intervention arm reported differences in functional status, measured on the Columbia Impairment Scale, between intervention and control patients that were not significant at an a priori p -value threshold of ≤ 0.01 at 6 months (mean difference, -4.4; 95% CI, -8.4 to -0.5; $p=0.03$) or 12 months (mean difference, -4.3; 95% CI, -8.3 to -0.3; $p=0.04$).

Collaborative care: subgroup differences. The single collaborative care study¹⁰⁸ did not report any outcome differences by subgroups.

Key Question 6. What Are the Harms of Treatment for

Children and Adolescents Overall and Among Subgroups Defined by Age, Sex, Race, or Ethnicity?

Summary of Newly Identified Evidence on Treatment Harms

Two new studies met inclusion/exclusion criteria for KQ 6 prior to applying quality criteria. One SSRI trial presented in two publications since the last review examined harms associated with an MDD intervention of escitalopram on children or adolescents.^{106, 107} We rated the publication that examined the extended safety and tolerability of escitalopram relative to placebo¹⁰⁷ as poor quality because of substantial overall attrition (46.7 percent). Thus, we include only the original fair-quality trial¹⁰⁶ in our synthesis of KQ 6 evidence, which found no significant differences in AEs, serious adverse events (SAEs), suicidality (which had varying definitions by individual study but generally was defined as suicidal thoughts or behaviors such as plans and attempts), or AEs suggestive of self-harm between the intervention and placebo groups of adolescents ages 12 to 17 years.

One good-quality trial of collaborative care reported the incidence of psychiatric hospitalizations and emergency department (ED) visits¹⁰⁸ and did not find a consistent or significant pattern.

Study Characteristics of Newly Identified Evidence on Treatment Harms

Two new studies were found that addressed harms of MDD treatment, on pharmacotherapy¹⁰⁶ and collaborative care.¹⁰⁸ The study characteristics of these trials are summarized in the corresponding KQ 5 subsection, above.

In summary, the new pharmacotherapy study was sponsored by Forest Laboratories and consisted of an 8-week fair-quality RCT¹⁰⁶ of escitalopram in adolescents ages 12 to 17 years with MDD (randomized n=316) across 40 sites throughout the United States. Randomized patients in the escitalopram group (randomized n=158; safety n=157; ITT n=157; completed study n=133 [15.8 percent attrition]) received 10 mg/day of escitalopram increased to 20 mg/day after the first 3 or 4 weeks if necessary (and returned to 10 mg/day if AEs experienced) throughout the 8-week study. Patients in the control group (randomized n=158; safety n=155; ITT n=154; completed study n=126 [20.3 percent attrition]) received placebo. Characteristics of the baseline safety sample only were reported: nearly 17 percent of the sample had been treated with antidepressants previously; 61.5 percent of these treated adolescents were nonresponders; 14.7 percent of the sample had a lifetime secondary psychiatric disorder; 29.9 percent had recurrent MDD. Fidelity and adherence to the treatment regimen was not reported; nor were the recruitment or intervention settings. External validity was assessed as “good”; however, attrition was moderate in both groups. Safety assessments included vital sign measurement; AE reports and severity of event including self-harm categorized into suicidal attempt, suicidal ideation, self-injurious behavior, accidental overdose, or other; clinical laboratory determinations; monitoring of concomitant medications; clinician rating of severity of suicidal ideation and behavior as measured by the Columbia-Suicide Severity Rating Scale (C-SSRS); and patient

rating of suicidal thoughts and cognitions about suicide as measured by the Suicide Ideation Questionnaire-Junior High School (SIQ-JR). The safety analyses generated descriptive statistics. Suicidality was assessed for all patients with a baseline assessment and at least one post-baseline assessment.

The new collaborative care study, described in KQ 5, recorded changes in psychiatric hospitalizations and ED visit with a primary psychiatric diagnosis.¹⁰⁸

Description of Previously Identified Studies on Treatment Harms That Continue to Meet Current Inclusion and Quality Criteria

Of 17 fair- or good-quality trials reported in 21 publications identified in the previous review for the KQ on treatment efficacy, 6 trials continue to meet the inclusion/exclusion criteria for KQ 6 of this update,^{98, 118, 119, 128, 129, 131} plus an additional 3 publications reported on 1) the harms associated with the March et al.⁹⁸ trial that had four treatment arms (fluoxetine, CBT, fluoxetine and CBT, placebo),¹⁴⁴ and 2) synthesized harms data from the Emslie 1997 and 2002 fluoxetine trials,¹⁴⁵ and harms associated with the Emslie 2002 fluoxetine trial.¹⁴⁶ Thus, 6 trials reported in 9 publications included in the prior review met our KQ 6 inclusion criteria prior to applying quality criteria. Three of the 12 excluded trials (reported in 13 publications) did not report harms as outcomes.^{120, 130, 132} As stated in KQ 5, primary reasons for excluding the other trials included in the prior review were not meeting review criteria for population (at least 50 percent of sample did not have MDD¹³³⁻¹³⁷), not meeting review criteria for intervention (paroxetine¹³⁸⁻¹⁴⁰), and not meeting review criteria for geographic setting (1 trial presented in 2 publications on a study conducted partially in countries with a low human development index^{142, 143}).

In addition to the 6 RCTs examining harms that met our inclusion/exclusion criteria, the prior review included 8 other meta-analyses or retrospective cohort studies that were excluded from this report. Four meta-analyses were excluded because they did not limit their review to studies with samples where at least 50 percent of the children and adolescents had MDD or did not report outcomes for those with MDD separately.¹⁴⁷⁻¹⁵⁰ Three other meta-analyses¹⁵¹⁻¹⁵³ and 1 retrospective cohort study¹⁵⁴ were excluded from this report because their synthesized findings included paroxetine as a treatment modality, which was excluded from our review due to increased suicidality in children and adolescents taking paroxetine.

Pharmacotherapy

As stated above in the corresponding KQ 5 section, five of the prior trials reported in eight publications included in this updated review prior to applying quality criteria are pharmacotherapy interventions involving SSRIs; three trials in six publications reported harms associated with fluoxetine in both children and adolescents ages 7 to 17 years^{128, 145, 146} and 8 to 17 years^{129, 145, 146} and in adolescents ages 12 to 17 years,^{98, 144} one examined harms associated with citalopram in children and adolescents ages 7 to 17 years,¹¹⁹ and one tested harms associated with escitalopram in children and adolescents ages 6 to 17 years.¹¹⁸

Upon quality review of these five trials reported in eight publications using updated criteria, we determined that two trials reported in four publications were of poor quality. The two Emslie fluoxetine trials^{128, 129, 145, 146} had high overall attrition (75 percent, 28 percent) and high

differential attrition (21 percent, 34 percent). Both of these pharmacotherapy trials also did not report assessor masking for outcome. One additional publication, Emslie et al., 2006¹⁴⁴ reporting on harms of the TADS trial was also dropped for high attrition. Thus, these two trials reported in four publications and one additional publication reporting on harms of the TADS trial are not synthesized with our newly identified studies

Thus, this report describes the KQ 6 results of four pharmacotherapy trials. One previously included trial examined harms associated with fluoxetine in adolescents ages 12 to 17 years.⁹⁸ Two trials studied escitalopram: one previously reported trial conducted on children and adolescents ages 6 to 17 years¹¹⁸ and one new trial conducted on adolescents ages 12 to 17 years.¹⁰⁶ Finally, a single trial reported in the prior review examined harms associated with citalopram versus placebo in a sample of children and adolescents ages 7 to 17 years.¹¹⁹

Psychotherapy

The two psychotherapy trials that continued to meet inclusion criteria prior to applying quality criteria were both 12-week trials. Studies included an individual IPT trial in adolescents ages 12 to 18¹³¹ and one individual CBT trial in adolescents ages 12 to 17 years.⁹⁸ We did not find any additional psychotherapy trials that met our inclusion criteria published since the last review. Upon quality review of these two trials using updated criteria, we determined that one trial was of poor quality. The Mufson IPT trial had very high as well as differential attrition (33 percent, 42 percent).¹³¹ Thus, this trial was rated as poor quality and is not summarized in this report. We did not identify any new psychotherapy trials that met our inclusion criteria; the only psychotherapy trial summarized is the Treatment for Adolescents With Depression Study (TADS) trial, where CBT was compared with placebo and clinical monitoring.

Combined Interventions

No new studies of combined interventions were identified. The single combined intervention trial included in the prior report continued to meet inclusion criteria. This trial, which we determined to be of good quality, examined combined fluoxetine and individual CBT among adolescents with MDD. Thus, the only combined intervention trial described is the TADS trial of combined fluoxetine and CBT versus placebo.

Detailed Synthesis of Prior Evidence With New Findings on Treatment Harms

Pharmacotherapy

Fluoxetine: harms. The March 2004⁹⁸ TADS good-quality study found no apparent differences for harm-related AEs or suicide-related SAEs for the fluoxetine group versus the placebo group (**Table 8**).

Escitalopram: harms. The Emslie¹⁰⁶ fair-quality study examined harms in all participants who received at least one dose of escitalopram or placebo in the double-blind treatment period (8 weeks). The rate of discontinuation due to AEs, SAEs, AEs suggestive of self-harm, suicidality,

or laboratory values or tests did not significantly differ between escitalopram and placebo groups, other than a greater decrease in platelet count among the escitalopram group compared to the placebo group.

The Wagner 2006¹¹⁸ fair-quality study reported two SAEs and one potentially suicide-related event in the escitalopram group and three SAEs and two potentially suicide-related events in the placebo group.

Citalopram: harms. The Wagner 2004¹¹⁹ fair-quality study reported no difference in discontinuation (20 percent versus 21 percent) or discontinuation due to AEs (5.9 percent versus 5.6 percent) across citalopram and placebo groups. There were no SAEs, including suicidality, for either citalopram or placebo groups.

Subgroup differences in harms. None of the studies included in this review reported harms across different subgroups.

Summary of harms findings. **Table 8** and **Figure 9** exhibit suicidality outcomes in each of the SSRI trials. **Figure 10** displays the proportion of subjects with SAEs in each of these studies.

Psychotherapy

Cognitive behavioral therapy (monotherapy): harms. The March 2004 trial⁹⁸ found no apparent differences in harm-related AEs, suicide-related AEs, or psychiatric AEs in CBT group patients versus placebo group patients.

Subgroup differences in harms. The single CBT trial included in this review⁹⁸ did not report harms across different subgroups.

Combined Interventions

Fluoxetine and cognitive behavioral therapy: harms. The March et al. 2004 study⁹⁸ found no apparent differences in harm-related AEs, suicide-related AEs, or psychiatric AEs in combined CBT and fluoxetine group patients versus placebo group patients (**Figures 9** and **10**).

Subgroup differences in harms. The single fluoxetine and CBT combined intervention trial included in this review⁹⁸ did not report harms across different subgroups.

Collaborative Care

Collaborative care: harms. A single trial of collaborative care found no differences in psychiatric hospitalizations among intervention patients as compared with control patients (6 percent versus 4 percent, respectively). More control patients experienced an ED visit with a primary psychiatric diagnosis than intervention patients (1 [2 percent] versus 5 [10 percent], respectively), however, this study was not powered to detect differences. (2 percent versus 10 percent, respectively).¹⁰⁸

Collaborative care: subgroup differences. The single collaborative care study¹⁰⁸ did not report any outcome differences by subgroups.

Chapter 4. Discussion

Below, we summarize the findings of the 2009 report¹⁰³ about screening children and adolescents for major depressive disorders (MDD). We note the 2009 U.S. Preventive Services Task Force (USPSTF) recommendations and comment on the implications of this new synthesis for previous USPSTF conclusions. Then we discuss the context for these results, applicability, limitations of the review and the literature, research gaps, and conclusions.

Summary of Review Findings

Key Question 1

As in the 2009 report, we found no studies that met our review criteria that specifically addressed our overarching question: whether screening for MDD among children and adolescents in the primary care or comparable setting, followed by interventions for those who test positive, improved health and other related outcomes for such patients.

Key Question 2

Prior Review Findings and USPSTF Recommendations on Screening

The 2009 review had identified nine screening accuracy studies that used a valid reference standard; they formed the basis of the evidence synthesis on this issue.^{111-115, 121-124} The USPSTF concluded the following:

1. Two screening instruments, the Patient Health Questionnaire for Adolescents (PHQ-A) and the Beck Depression Inventory for Primary Care (BDI-PC), may have had better performance characteristics than other screening tests. However, judging the degree to which differences could be attributed to the quality of the instrument or the characteristics of the population or study was difficult.
2. No instrument had been studied in large numbers of patients from a variety of settings by investigators other than those who developed the questionnaires originally.
3. Studies that involved children demonstrated poorer performance of the screening instruments than studies involving adolescents. Heterogeneity in instruments, samples, and setting hampered assessing whether results for screening accuracy among adolescents would apply to children.
4. All included studies had limitations such as high levels of attrition, nonrandom selection, excessive delays between screening and diagnostic interviews, poor reporting of methods, or small samples.

The USPSTF stated in 2009 that adequate evidence supported the conclusion that screening tests accurately identify MDD in adolescents. The USPSTF found inadequate evidence that screening tests accurately identify MDD in children.

Implications of the New Synthesis for Prior Conclusions on Screening

No new studies that met our review criteria examine screening for MDD in primary care or similar settings. Excluding four studies from the prior review (two did not meet inclusion criteria^{123, 124} and two were rated poor quality^{121, 122}) does not alter the conclusions of the previous review. In short, the PHQ-A and the BDI screening tools continue to outperform other screening tools, although we did not include the BDI-PC study in our update (because the study did not meet inclusion criteria¹²⁴). It is important to note that none of our included studies tested some of the more recent screeners that have good psychometric properties, and some of the older studies included in this report use adult versions of screeners that have since developed child- or adolescent-specific versions.^{89, 155} It is also important to note that the positive predictive value of these instruments is relatively low (range: 10 to 56 percent); thus, 44 to 90 percent of those screening positive for MDD will not, in fact, have a clinical diagnosis of MDD upon further testing. Moreover, the substantial heterogeneity in interventions, populations, and settings and the lack of replication studies makes generalization challenging. Finally, the gap in evidence identified previously, with respect to screening tools for children, persists (**Table 9**).

Key Question 3

For this update, we did not identify any studies that tested whether screening increases the proportion of children or adolescents identified with MDD overall or among subgroups defined by age, sex, race, or ethnicity. Thus, we are unable to comment on whether screening helps identify children and adolescents with MDD who would not have otherwise been recognized.

Key Question 4

As in the 2009 report, we found no studies that examined potential harms of systematic, standardized screening for MDD overall or among subgroups defined by age, sex, race, or ethnicity. One potential harm involves the risk of missing cases of depression during a clinical encounter that had not been identified during the initial screening because the clinician “inappropriately lowered their level of clinical suspicion.”¹⁰³ The high negative predictive values of the PHQ-A (97 percent) and the BDI (99 percent) suggest that few adolescents would have undetected depression. Another potential opportunity cost is allocation of time and resources to screening that could be used elsewhere.¹⁰³ The highest positive predictive value is 56 percent, suggesting that in the best-case scenario, nearly half the number of patients who screened positive will not meet criteria for MDD; whether they would meet criteria for dysthymia or minor depression remains unclear.

Key Question 5

Prior Review Findings and USPSTF Prior Recommendations on Treatment

In the 2009 review, the USPSTF concluded that good-quality randomized controlled trials (RCTs) have tested selective serotonin reuptake inhibitors (SSRIs) and various psychotherapies among pediatric populations. These trials provided evidence that efficacious interventions are

available, although long-term effects were not known. The USPSTF also noted that:

1. When analysts combined data from trials of all SSRIs for treating depression in youth, patients receiving an SSRI were more likely to show a response to treatment than patients receiving a placebo.
2. Fluoxetine had been studied among both children and adolescents ages 7 to 17 years. At the time of the review, this was the only drug approved by the U.S. Food and Drug Administration (FDA) for treating MDD among youth.
3. Available age-stratified meta-analysis results indicated that fluoxetine was efficacious for both children and adolescents.

The USPSTF concluded that readers needed to exercise some caution in interpreting SSRI study results because baseline response rates among placebo-treated patients were very variable across the trials. In addition, some individual SSRIs did not seem to be efficacious. Finally, not all SSRIs had been evaluated in pediatric clinical trials.

The USPSTF found adequate evidence that treatment in adolescents with SSRIs, psychotherapy, and combined therapy (SSRIs and psychotherapy) decreased depressive symptoms. For children, the USPSTF found inadequate evidence to support the benefits of treatment in children. Although SSRIs (e.g., fluoxetine) reduce MDD symptoms in children, the USPSTF concluded that only limited data are available on the benefits of psychotherapy and the benefits of psychotherapy plus SSRIs for children.

Implications of the New Synthesis on Prior Conclusions on Treatment

Fewer studies met inclusion criteria for the current update than for the 2009 report. Our review examines the results of six trials reported in eight publications, four old trials reported in six publications^{98, 116-120} and one new trial,¹⁰⁶ studying a pharmacotherapy intervention, and one new trial¹⁰⁸ that examines a collaborative care intervention. One fair-quality trial studied citalopram,¹¹⁹ two fair-quality trials studied escitalopram,^{106, 118} one good quality trial reported in three publications that also tested CBT versus placebo and combined fluoxetine and CBT versus placebo,^{98, 116, 117} one fair-quality tested group CBT versus waitlist control,¹²⁰ and one good-quality trial evaluated collaborative care versus enhanced usual care.¹⁰⁸

The single citalopram trial in the prior report did not find significant differences in efficacy between treatment groups. Since the publication of the 2009 report, FDA has approved escitalopram for use in adolescents ages 12 to 17 years who have MDD. One escitalopram trial demonstrated efficacy, although the other study did not. The effect sizes from the escitalopram trials are notably smaller than those for the fluoxetine trial that examined response to treatment.

One good-quality trial found significant associations between fluoxetine and response to treatment⁹⁸ (absolute risk difference of 25.7 percent) and between the combined fluoxetine and CBT intervention and response (absolute risk difference of 36.2 percent). Thus, evidence from this single trial suggests that fluoxetine may be associated with large effect sizes in the acute phase.

Each of the continuous outcomes reported by the SSRI trials illustrated the robustness of benefits associated with SSRIs. We found statistically significant decreases in depression severity (Children’s Depression Rating Scale—Revised [CDRS-R]) and symptom severity (Clinical Global Impression—Severity Scale [CGI-S]) and increases in depression symptom improvement (CGI-I) and global functioning (Children’s Global Assessment Scale [CGAS]) associated with SSRI use.

Two trials in four publications, conducted on adolescents 12 to 18 years of age, provided information on psychotherapy efficacy or combined therapy.^{98, 116, 117, 120} provided inconsistent evidence of difference or no evidence of difference on improvements in depression (change in in symptoms, response, remission/recovery) or other outcomes (functioning, child behavior, quality of life).

One study on collaborative care, conducted on adolescents 13-17 years of age, found improvements in symptoms, response, and remission, but not functional status.¹⁰⁸

We identified no trials, old or new, that tested psychotherapeutic or combined interventions on children less than 12 years of age. For that reason, we cannot offer evidence on the efficacy of psychotherapy as a first line of treatment for clinicians who wish to avoid the use of medications in children with MDD.

As noted above, using our inclusion and exclusion criteria and current USPSTF quality ratings, we could include only four good- or fair-quality RCTs. Moreover, we were unable to include previous meta-analyses in our results because the analysts had not required a diagnosis of MDD or a majority of study participants have MDD, and may have included the SSRI paroxetine as an intervention. (We excluded paroxetine in this update because of its contraindicated use in children and adolescents owing to increased risk of suicidality.)

The four SSRI trials, the two CBT trials, the combined trial, and the collaborative care trial focused on a limited set of outcomes. No trial examined long-term outcomes. Few trials examined the more rigorous definition of remission, that is, the absence of MDD diagnosis at followup.^{106, 108, 119} In addition to response, all studies examined depression severity or symptoms using continuous outcomes, but only two trials looked at other outcomes (e.g., global or social functioning).^{106, 108, 118, 156} The impact of interventions on other mental health outcomes and functioning is thus largely unknown.

At the time of this update review, only two medications had FDA approval for treatment of pediatric MDD: fluoxetine in children and adolescents ages 6 to 17 years and escitalopram in adolescents ages 12 to 17. Both these medications appeared to demonstrate efficacy in our included studies, with fluoxetine having a larger effect size than escitalopram, which was only found efficacious in one of the two included escitalopram studies. Of note, however, a recently published multisite study from nine countries found no evidence of efficacy associated with fluoxetine.¹⁵⁷ This study was formally excluded from our review because more than 50 percent of the sample were recruited from a country with a medium or high human development index, which indicated that the findings may not generalize to the United States, a country with a very high human development index. In addition, few included studies examined the more stringent

outcome of remission, where depression symptom severity decreases to a predetermined level indicative of the absence of depression.

We know that efficacy of MDD treatment likely varies by sociodemographic characteristics of patients. To explore this aspect of depression therapy, we searched for studies that examined efficacy in subgroups defined by age, sex, race, or ethnicity, but we uncovered few studies or findings. One subgroup analysis of fluoxetine showed benefits for adolescents and not for children.¹¹⁸

Key Question 6

Prior Review Findings and USPSTF Prior Recommendations on Treatment Harms

The prior review found 17 trials of harms reported in 21 publications associated with SSRIs and concluded that there does not appear to be an increased risk of suicidal ideation or behaviors with the use of an SSRI. Data from individual studies, however, did not yield statistically significant increases in suicide-related outcomes, either because of lack of effect or because of lack of power. The prior review also concluded that the evidence was insufficient to determine the role of combined treatment (SSRIs plus psychotherapy) on suicidal ideation or behavior. Finally, the report concluded that no evidence existed on the harms of psychotherapy alone. The USPSTF recommendation stated that good evidence shows that the potential benefits of screening and treatment outweigh any potential harms.

The USPSTF found convincing evidence of harms of SSRIs in adolescents. They found limited evidence regarding the harms of combining SSRIs and psychotherapy. They also found inadequate evidence about the harms of screening and psychotherapy in adolescents, which they judged to be probably small. For children, the USPSTF concluded that SSRIs demonstrated harms in children (specifically, risk of suicidality); as with adolescents, the USPSTF found limited evidence on the harms of psychotherapy and on the harms of combining psychotherapy and SSRIs in children. The USPSTF noted the absence of evidence about the harms of screening children. The USPSTF assessed that the overall evidence is inadequate regarding the harms of screening and treatment in children.

Implications of the New Synthesis on Prior Conclusions on Treatment Harms

Contrary to prior studies that have examined the use of pharmacotherapy for child and adolescent depression in general (rather than just examining MDD as the primary indication), the four trials included in this report of fluoxetine, escitalopram, or citalopram found few apparent associations with harms. Evidence for harms associated with psychotherapy or combined treatments is scarce, coming from a single trial (Treatment for Adolescents With Depression Study [TADS]).⁹⁸ Our included studies provide very little evidence regarding harms in children—only two SSRI studies that examined harms were conducted in children and no psychotherapy or combined interventions examined harms in children. The absolute risk difference for suicidality associated with SSRIs in each included study was nearly zero. Our requirement of samples with a majority having a MDD diagnosis, coupled with our exclusion of paroxetine, may explain the limited evidence on harms from SSRIs.

The absolute risk differences for suicidality in the two escitalopram trials were nearly zero. The single citalopram trial reported no instances of suicidality in either the treatment or placebo groups. Although the absolute risk difference for suicidality associated with fluoxetine in a single trial was 4.7 percent (9/109 in fluoxetine group versus 4/112 in placebo group), the CI spans the line of no difference (95% CI, -1.5 to 10.9).

The inclusion criteria for the current report precluded synthesis of paroxetine studies. As noted earlier, FDA recommended in June 2003 that paroxetine not be used in children and adolescents for treating MDD due to increased risk of suicidality. This review does not synthesize results for any SSRIs other than fluoxetine, escitalopram, or citalopram. All appear to have low associated risks of harms. Thus, our analyses cannot address the issue of harms of SSRIs in general. We also note the limited power of included studies: they cannot rule out absence of harms.

One study on collaborative found no consistent or significant harms (psychiatric hospitalizations or emergency department visits).¹⁰⁸

Applicability of Findings

The included studies have limited applicability to the primary care setting. Studies included in this review generally drew patients from research or academic settings ranging from 1 to 40 sites. One study was conducted predominantly in clinical settings throughout the community and was described as an effectiveness trial.⁹⁸ Another study, on collaborative care, recruited patients from pediatric and family medicine clinics in the Group Health system in Washington state in the United States.¹⁰⁸ Thus, few true primary care settings were used as the referral point or the actual intervention setting in our included studies. No school clinics served as treatment sites.

Findings from RCTs may not apply to true clinical practice settings. Stringent inclusion and exclusion criteria required of many of the included trials limit the generalizability of the findings. For example, patients seen in primary care settings often have multiple comorbidities, some of which require the use of medications, and often do not have optimal adherence to treatment regimens. Thus, the patients eligible for these trials may not be representative of all patients with MDD seen in primary care, which limits the external validity of our results and conclusions.

Context for Findings

Assessment, Treatment, and Referral of Children and Adolescents for Depression

Even though primary care represents a major point for health service contact and a potential setting for detecting depression and improving adolescent health, primary care providers often lack the tools and communication skills to engage youth and their families in an appropriate course of action for treating or monitoring depression.^{158, 159} To understand the potential burden from universal screening in primary care settings for pediatricians and specialty mental health providers, we sought to determine the proportion of primary care providers who assess, treat, and

refer children and adolescent patients with depression, including MDD, dysthymia, and minor depression. We found nine national studies and one state study that provided statistics on pediatricians' practice behavior in the context of the 2004 FDA boxed warning about the use of antidepressants in pediatric populations.¹⁶⁰⁻¹⁷⁰

Regarding assessment, the nine national studies did not examine the proportion of pediatricians who assessed depression. Nevertheless, even the small sample of 42 pediatricians in North Carolina highlighted that assessing depression as a diagnosis decreased by 2 percent (43 percent to 41 percent) after FDA released the boxed warning.¹⁶² According to one national study, the FDA advisory was associated with significant reductions in aggregate rates of diagnosis of pediatric depression. From 1999 to 2004, diagnosis of pediatric depression increased from 3 to 5 per 1,000, but after the FDA advisory was issued, the national rate decreased to 1999 levels, a significant deviation from the historical trend.¹⁷⁰

Regarding treatment, the most recent national study (published in 2012) found that a majority (60 percent) of U.S. pediatricians do not treat children and adolescents with MDD.¹⁶⁰ Among the 2,000 pediatricians in the sample, 28 percent reported treating children and adolescents, 12 percent indicated they treated only adolescents, and no pediatrician treated children but not adolescents. The first national study to examine pediatrician practice change illustrated that among the 72 percent of pediatricians who were aware of the FDA warning, 80 percent changed their prescribing practices; this included 32 percent who followed their patients more closely and 7 percent who stopped treatment with SSRIs in at least one patient.¹⁶¹ A Canadian study observed a statistically significant decrease in pediatricians' use of SSRIs after the FDA boxed warning (25 percent versus 6 percent, $p < 0.0001$).¹⁶¹ A North Carolina study also observed a statistically significant decrease (53 percent versus 26 percent, $p < 0.01$).¹⁶² Another study examined the difference in trends between prewarning and paroxetine warning periods. Youth paroxetine use significantly increased during the prewarning study period (30 percent per year, $p < 0.001$) before significantly declining during the paroxetine warning study period (-44.2 percent per year, $p < 0.001$).¹⁶⁴

Regarding referral, the U.S.-based survey of pediatricians found that almost 84 percent refer both children and adolescents to mental health specialists for treatment of MDD.¹⁶⁰ Nearly 8 percent of pediatricians, however, did not refer either children or adolescents to another health care provider for treatment of this disorder.

The national and international warnings about the safety of antidepressants in children and adolescents appear to have influenced local utilization of these medications in young people. According to one national study, there was a significant relationship between the timing of the FDA recommendations and antidepressant utilization in children and adolescents, where antidepressant use decreased over time, particularly use of SSRIs.¹⁶⁸ While the timing of the FDA recommendations was associated with changes in prescribing patterns for children with MDD, the FDA's recommendation regarding increased physician monitoring appears to have been largely ignored.^{165, 169} Less than 5 percent of all patients met FDA contact recommendations before the advisory and the rate did not change after the advisory.¹⁶⁵ Another study noted that the lack of evidence of increases in outpatient visits among depressed children may be due to the relatively high cost of office visits, a shortage of providers (particularly child psychiatrists), or

the high cost-sharing associated with mental health visits in many health insurance plans.¹⁶⁹

We did not find any studies on the proportion of providers that have access to collaborative systems of care such as patient-centered medical homes and accountable care organizations. One effectiveness trial of a quality improvement intervention aimed at increasing access to evidence-based treatments demonstrated that collaborative care models are effective in treating adolescent depression.¹⁷¹ Another study examined a collaborative care model known as Targeted Child Psychiatric Services designed for primary care pediatricians and child psychiatrists that was associated with improved access to pediatric psychiatry services.¹⁷²

Types of Treatment Initiated in or Referred From Primary Care Settings

After the FDA advisories on suicidality associated with the use of paroxetine in patients under the age of 18 in 2003 and on suicidality associated with all antidepressant use in patients under the age of 18 in 2004, as noted above, evidence suggests a shift away from prescribing SSRIs and towards other drugs.^{161, 162, 166, 167} The decrease in prescribing SSRIs by approximately 22 percent was associated with an increase in suicide rates in children and adolescents by 14 percent between 2003 and 2004, which is the largest year-to-year change in suicide rates in this population since the Centers for Disease Control and Prevention began systematically collecting suicide data in 1979.¹⁷³ Evidence also suggests a shift in prescribers from primary care physicians to psychiatrists.¹⁷⁴ These trends may explain the paucity of primary studies on treatment of MDD for children and adolescents in primary care and other comparable settings.

Screening and Treatment for Depressed Children and Adolescents With Coexisting Mental Health Diagnoses

We also sought to determine if children or adolescents with MDD and comorbid coexisting mental health diagnoses (e.g., attention deficit hyperactivity disorder [ADHD], anxiety disorders) or chronic physical health conditions (e.g., diabetes, asthma) were more likely to be screened, treated, or referred for treatment in primary care, school, or comparable settings than children or adolescents with MDD only. We also tried to determine whether patients with such concurrent comorbidities received treatments different from those received by children or adolescents without such disorders. We found no such studies focused on these topics, despite widespread knowledge that these populations have an increased risk of MDD.

Risk Stratification

We sought evidence of reliable and valid risk stratification tools that clinicians could use to identify children and adolescents at highest risk for MDD. The ability to stratify children and adolescents reliably by risk would provide great opportunities to allocate interventions appropriately and efficiently. Predicting those at high risk for depression and subsequent sequelae is complicated, however, by the dynamic nature of development. Evidence for valid risk factors that are durable throughout child and adolescent development is limited.

Many investigators have attempted to predict depression with subsets or single questions from existing screening instruments. Items related to low self-worth within the Short Mood and Feelings Questionnaire (SMFQ) predicted depressive symptoms 12 months later in a group of children 10 to 15 years of age, although the SMFQ was neither designed for prediction nor directly validated with *Diagnostic and Statistical Manual of Mental Disorders* (DSM) diagnoses.¹⁷⁵ In early adolescence, physical symptoms such as sleep disturbance might improve future prediction of depression as diagnosed by DSM-IV criteria.¹⁷⁶ In 10th- and 11th-grade adolescent females, depressive symptoms, low parental support, poor family and poor school functioning, and bulimic symptoms predicted MDD onset 4 years later.¹⁷⁷ Similarly, others have shown a correlation between high “psychosocial risk” (factors such as low education of parents, parental psychiatric disorders, crowded living, and single parenthood), low self-control temperament, and high scores on the Children’s Depression Inventory (CDI) at 11 years of age.¹⁷⁸ Overall, tools to predict risk suffer from very poor positive predictive values.

Treatment With Other SSRIs or Psychotherapy That Did Not Meet Study Inclusion and Exclusion Criteria

Finally, we searched our main literature results and additional literature for evidence of efficacy or effectiveness of other types of treatment for pediatric MDD. We specifically searched for the use of serotonin-norepinephrine reuptake inhibitors (SNRIs), norepinephrine-dopamine reuptake inhibitors, or complementary and alternative medicine (CAM) treatments for child or adolescent MDD. Again, we found few trials or data on these therapies with few findings. One study showed that the SNRI venlafaxine has not been proven to be efficacious in children and adolescents.¹⁷⁹ Two newer trials found no evidence of efficacy of the SNRI duloxetine in children and adolescents,^{157, 180} and one found increased risk of total treatment-emergent adverse events and discontinuation for adverse events among children and adolescents treated with 60 mg, but not 30 mg, of duloxetine. With respect to CAM interventions, a small study (N=27) of depressed children and adolescents evaluated 1,000 mg/day of vitamin C versus placebo as an adjunct to fluoxetine 10 or 20 mg/day; vitamin C improved self- and parent-rated (CDI and CDRS, respectively) severity of depression at 3 and 6 months but did not improve the clinician-rated (CGI) severity score.¹⁸¹ Light therapy, omega 3 fatty acids¹⁸² massage, art and relaxation therapy, distraction techniques, bibliotherapy, and exercise^{183, 184} have been studied in patients with depression and depressive symptoms; no study of these modalities produced high-quality evidence of benefit.¹⁸⁵

Limitations

Limitations arise from our criteria and the methodological constraints of published evidence. Most notably, we focus solely on screening for MDD; we do not address screening or treatment for minor depression or dysthymia. Controversy continues to exist regarding whether depressive symptoms exist on a continuous spectrum or whether MDD is a diagnostic entity of distinct clinical significance, particularly among children and adolescents.¹⁸⁶ Although several studies have shown subthreshold depression to be a risk factor for MDD,¹⁸⁷ the temporal sequence and intervening factors are not well understood. Studies conducted in adults that have quantified the risk of developing MDD after having subthreshold depressive symptoms have shown that

approximately 8 percent develop diagnostic MDD in the following 3 years.¹⁸⁸ It is inarguably important for primary care providers to have awareness of potential risk factors for MDD and attempt early intervention, particularly among patients who have already experienced one episode of major depression. However, given the burden of universal screening; the requirement for clear evidence of net benefit for making screening recommendations; and the paucity of evidence on the etiological links between subthreshold depression, dysthymia, and depression, we chose to focus on screening for existing MDD rather than its prevention. An additional change in scope from the last report excluded studies that examined the efficacy or harms associated with paroxetine, which is contraindicated in children, adolescents, and young adults due to heightened suicide risk associated with its use. Because we excluded paroxetine, we did not find clear evidence of harms from SSRIs. Our summary of evidence no longer reflects the historic burden of harms from SSRIs, but in our view, captures more accurately the risk in current practice.

Our narrowed inclusion and exclusion criteria, coupled with our thresholds for quality, result in our including five screening studies of less than 3,000 children and adolescents (none of whom are under 11 years of age) and six treatment trials of fewer than 1,500 children and adolescents with MDD conducted over the past three decades. As a result, we cannot rule out the absence of benefits or harms, particularly for rare outcomes. Guidance suggests that interventions with a relative risk reduction of 20 to 25 percent and a control event rate of 20 percent require a sample size between 2,000 and 4,000. Outcomes such as suicidality occur at much lower rates in the control arm and may require even larger samples to rule out the absence of benefits and harms.¹⁸⁹

The nature of the population may drive the methodological constraints that we commonly observed, such as small sample size, high attrition, and biased ascertainment of the reference standard in screening studies. Concerns about risks to this vulnerable population may limit enrollment within funded studies (and the number of funded studies). Similarly, these concerns, coupled with the difficulty of following up with children and adolescents directly rather than through adult guardians and the mobility of younger populations, may heighten attrition, particularly for longer-term outcomes. In the context of the dynamic nature of health status among children and adolescents, a time lapse between screening and diagnostic interviews may result in biased ascertainment of the reference standard and explain the poor sensitivity and specificity of screening instruments.

Gaps and Future Research

Several gaps emerged from our review as critical needs for future research. These include:

- Large, good-quality RCTs on the overarching question of screening on depression and related health outcomes, that evaluate outcomes at intermediate stages, including
 - Accuracy of screening
 - Whether screening increases the proportion of children and adolescents identified with depression
 - Willingness of screened patients to go through additional diagnostic procedures and, if indicated, proportions who get referred and ultimately obtain treatment

- Harms of screening
- Benefits and harms of treatment
- Harms of not treating MDD
- Additional screening studies that include children under 11 years old
- Studies of benefits and harms of psychotherapy, non-SSRI medications, CAM, and combination treatments for screen-detected children and adolescents with MDD
- Trials that recruit children and adolescents from school or community health care settings and address practical issues of conducting this research by engaging in cross-site collaborations
- Analyses of differential efficacy by demographic characteristics (e.g., age group, sex, race/ethnicity, socioeconomic status)
- Studies that develop and test risk stratification tools to identify high-risk youth for screening
- Impact of mental health, somatic symptoms, or chronic physical comorbid disorders on screening accuracy, likelihood of screening, and type of MDD treatment selected
- Screening among diverse populations (e.g., different racial/ethnic groups; youth with limited English-speaking abilities)
- Focus on long-term outcomes of screening and subsequent treatment
- Meta-analyses of SSRIs that include only children and adolescents with MDD that do not include paroxetine, which is contraindicated for use in children, adolescents, and young adults, in synthesized findings
- Exploration of where, when, how often, and which children and adolescents are screened for MDD in attempt to determine best screening practices including determination of appropriate screening intervals

Conclusions

We found no trials that examine the impact of screening for pediatric MDD in primary care on subsequent improvements in depression and other health-related outcomes. No new studies focused on screening for MDD among children or adolescents met our criteria. The studies from the 2009 review that remain in our synthesis suggest that primary care-feasible screening tools have been reasonably accurate in identifying adolescent MDD, but research on screening for MDD in children under the age of 12 years is in its infancy. Data from individual RCTs demonstrated efficacy of SSRIs, although the citalopram trial and one individual trial of escitalopram did not show significant benefits. No RCT found a significant increase in harms associated with treatment.

In conclusion, there is no evidence of the direct effect of screening for MDD in primary care or comparable settings on health-related outcomes among children and adolescents in primary care or comparable settings. Limited indirect evidence of benefit, however, is provided via accurate screening tools and efficacious treatments that improve depression and other health-related outcomes for adolescents, but not children. We found no evidence of harms associated with screening and limited evidence of harms associated with treatment. We did not find evidence of harms attributable to treatment, but our findings cannot be interpreted as evidence of no harms given the small sample sizes of included studies. Evidence gaps sharply limit conclusions for

screening children under the age of 11, screening and treatment differences by sex and race/ethnicity subgroups, and MDD treatment other than SSRIs.

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Figure 1. Screening for Childhood Depression: An Analytic Framework

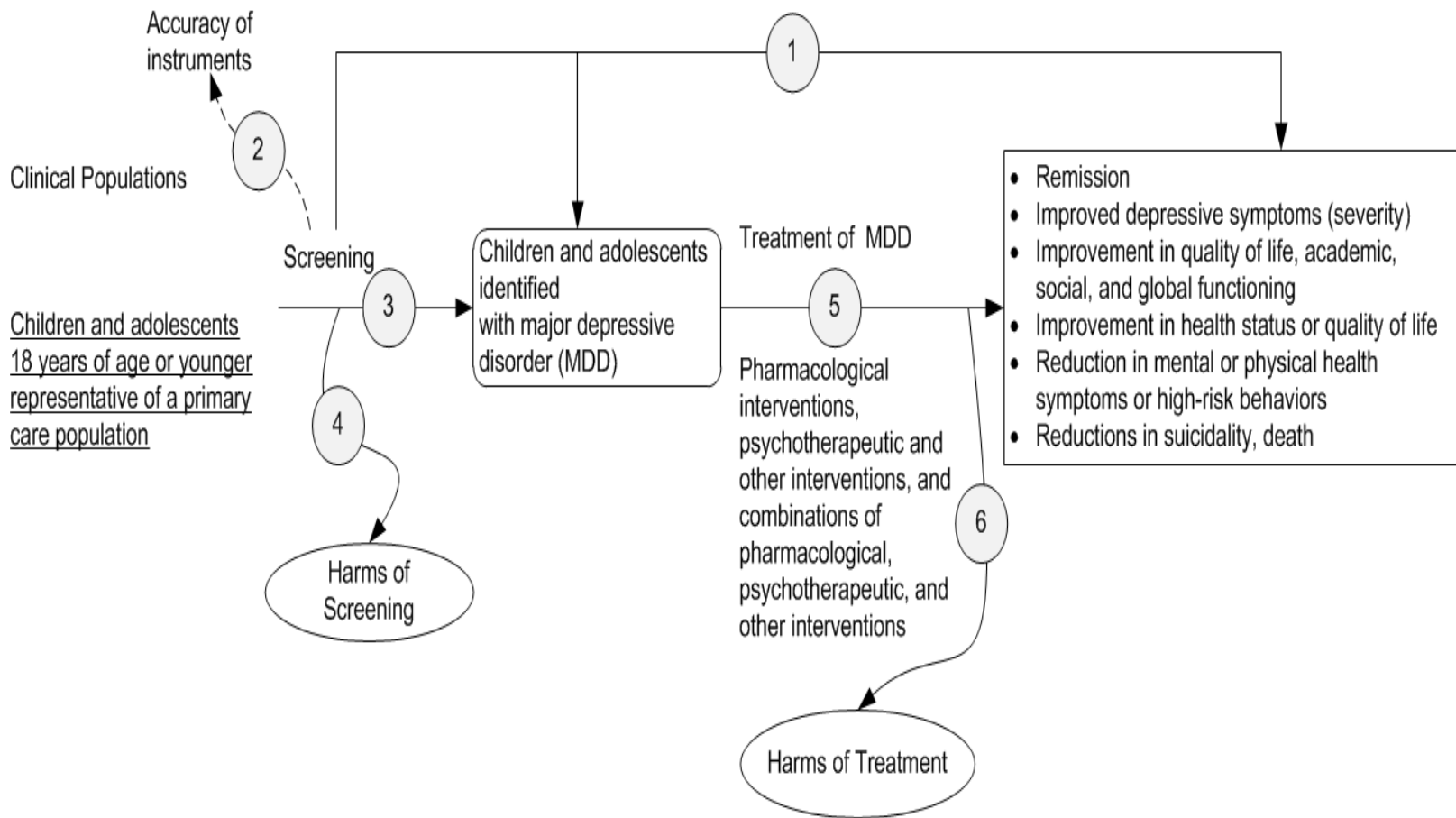


Figure 2. Preferred Reporting of Systematic Reviews and Meta-Analysis (PRISMA) Tree

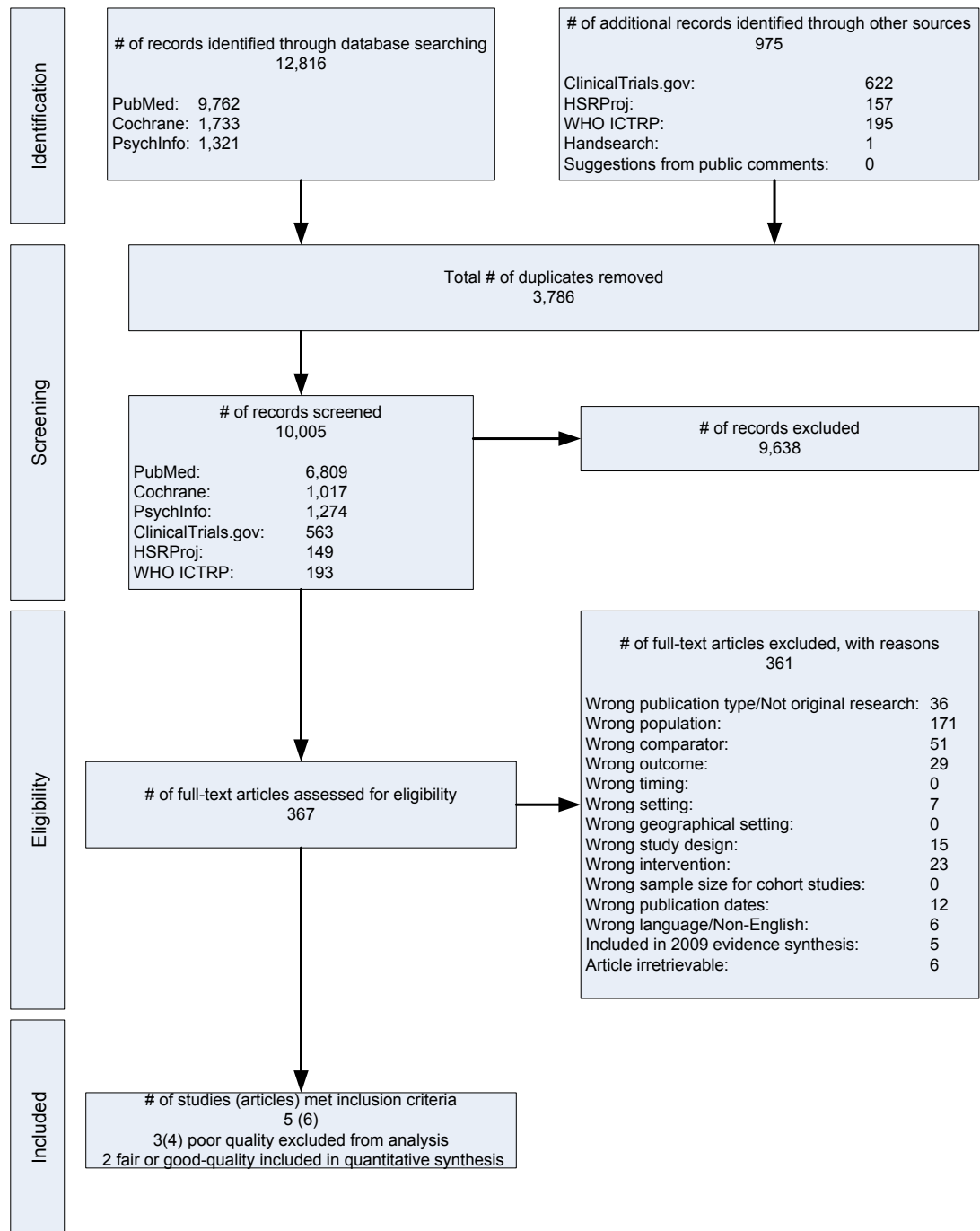
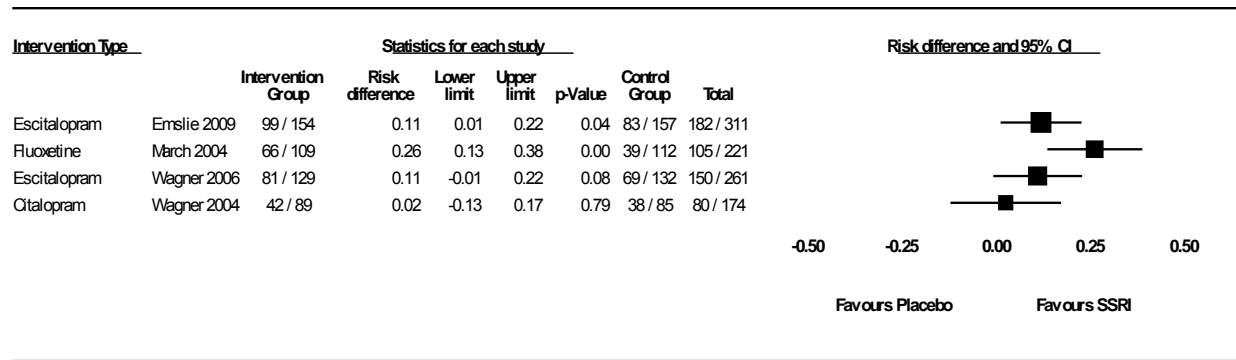
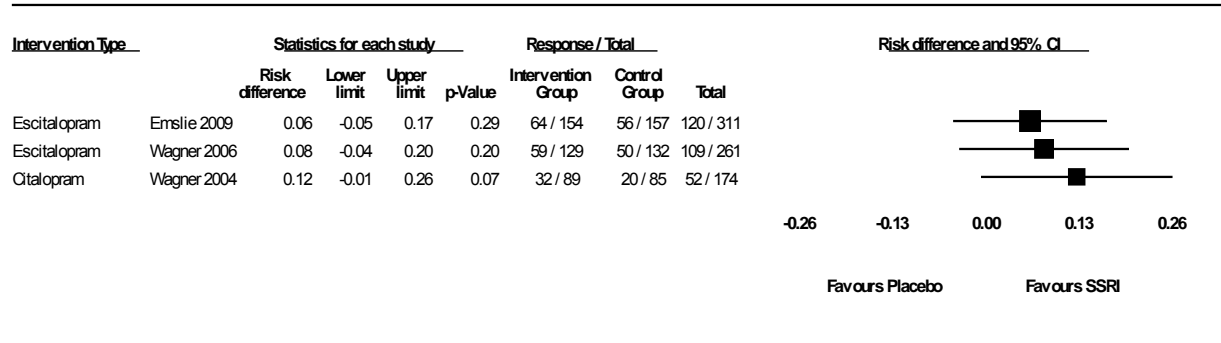


Figure 3. Response in Children and Adolescents Treated With SSRIs for MDD (KQ 5)



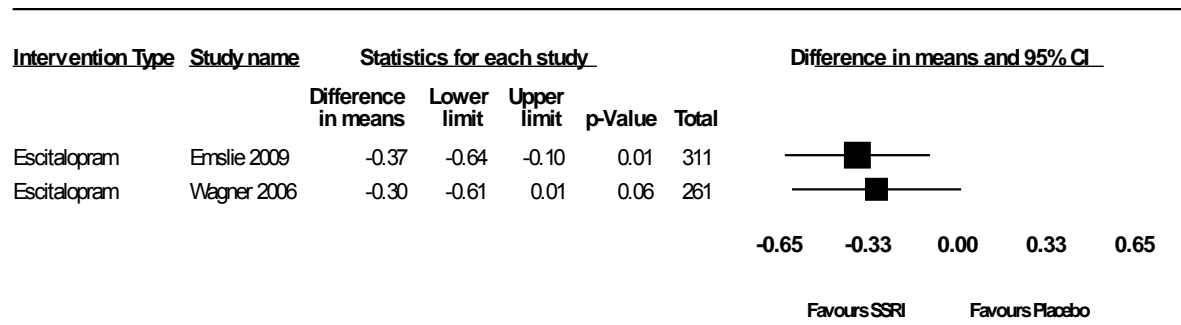
Response: CGI-I of 1 or 2 at follow-up; SSRIs : Selective Reuptake Inhibitors; MDD: Major Depressive Disorder

Figure 4. Remission in Children and Adolescents Treated With SSRIs for MDD (KQ 5)



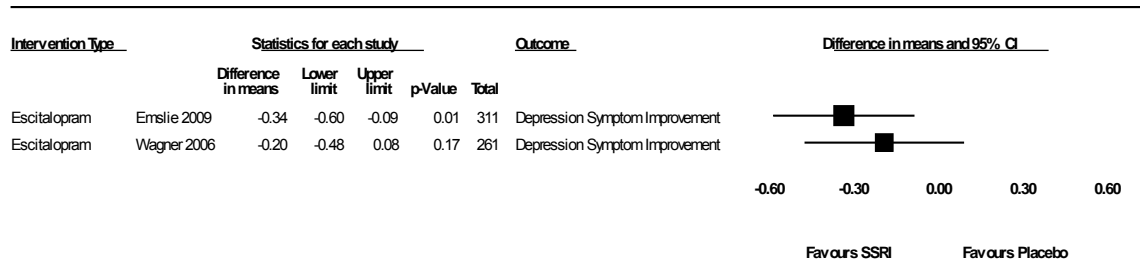
Remission: CDRS-R \leq 28 at follow-up; SSRIs : Selective Reuptake Inhibitors; MDD: Major Depressive Disorder

Figure 5. Change in Depression Symptom Severity in Children and Adolescents Treated With SSRIs for MDD (KQ 5)



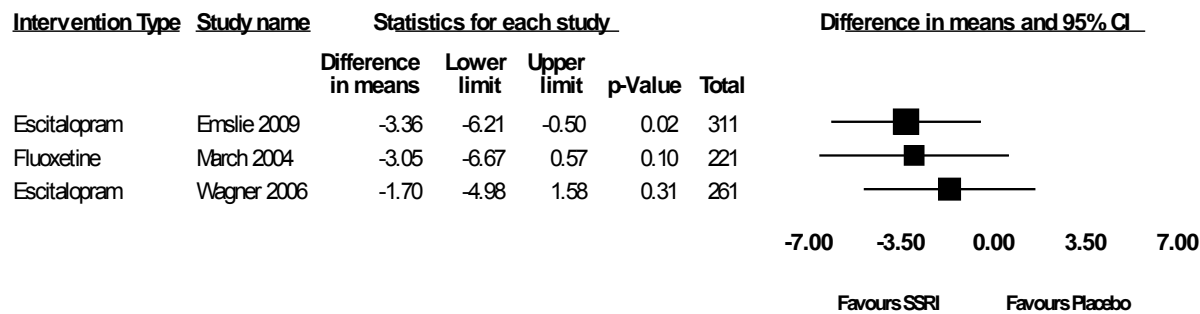
Depression symptom severity: CGI-S change at follow-up; SSRIs : Selective Reuptake Inhibitors; MDD: Major Depressive Disorder

Figure 6. Depression Symptom Improvement in Children and Adolescents Treated With SSRIs for MDD (KQ 5)



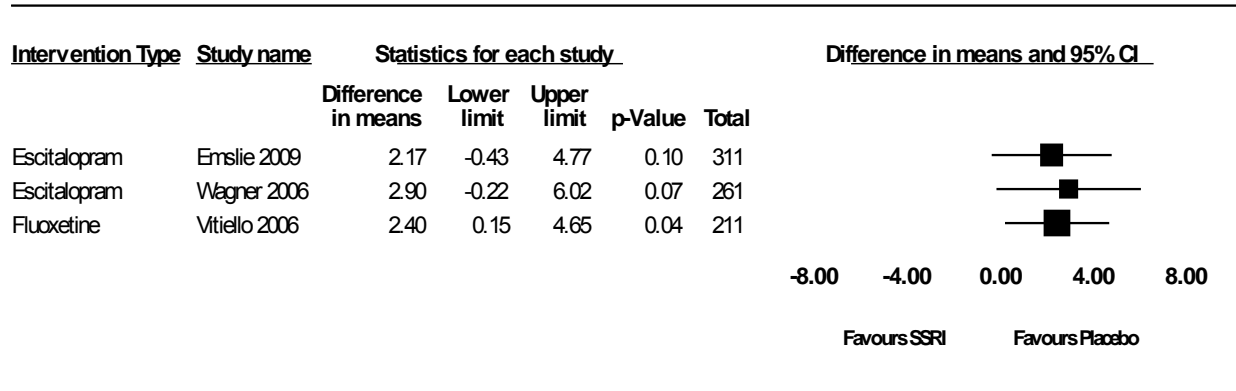
Depression symptom improvement: CGI-I change at follow-up; SSRIs : Selective Reuptake Inhibitors; MDD: Major Depressive Disorder

Figure 7. Change in Depression Severity in Children and Adolescents Treated With SSRIs for MDD (KQ 5)



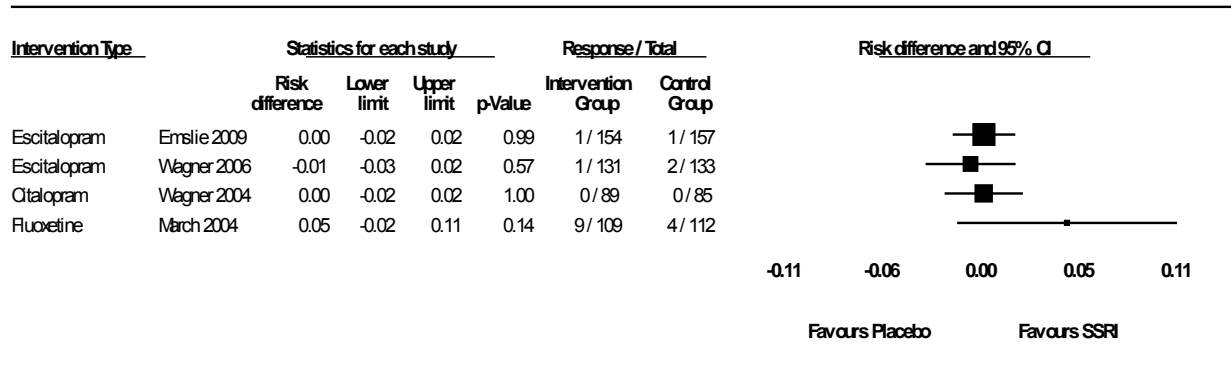
Depression severity: CDRS-R at follow-up; SSRIs : Selective Reuptake Inhibitors; MDD: Major Depressive Disorder

Figure 8. Change in Global Functioning in Children and Adolescents Treated With SSRIs for MDD (KQ 5)



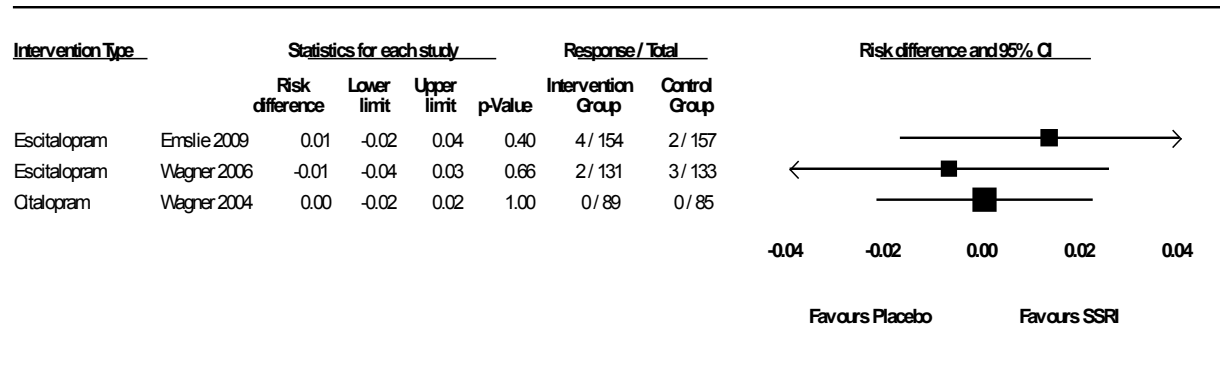
Global Functioning: change in CGAS at follow-up; SSRIs : Selective Reuptake Inhibitors; MDD: Major Depressive Disorder

Figure 9. Suicidality in Children and Adolescents Treated With SSRIs for MDD (KQ 6)



SSRIs : Selective Reuptake Inhibitors; MDD: Major Depressive Disorder

Figure 10. Serious Adverse Events in Children and Adolescents Treated With SSRIs for MDD (KQ 6)



SAEs: Serious Adverse Events; SSRIs : Selective Reuptake Inhibitors; MDD: Major Depressive Disorder

Table 1. Screening Tools for Depression Among Children and Adolescents

Screening Tool	Number of Items	Time to Complete	Appropriate Ages	Sensitivity/Specificity
Beck Depression Inventory (BDI)* ¹⁹⁰	21	5-10 minutes	14 years and older	Sensitivity: 84.0% Specificity: 81.0%
Center for Epidemiological Studies Depression Scale (CES-D)* ^{113, 191}	20	5–10 minutes	14 years and older	Sensitivity: 84.0% Specificity: 75.0%
Center for Epidemiological Studies Depression Scale for Children (CES-DC) ^{192, 193}	20	5–10 minutes	12–18 years	Sensitivity: 85.2% Specificity: 75.6%
Children’s Depression Inventory-Short Version (CDI:S) ^{194, 195}	10	5 minutes	7–17 years	Sensitivity: 93.3% Specificity: 70.7%
Children’s Depression Screener (ChID-S) ⁹⁷	22	5–10 minutes	9–12 years	Sensitivity: 91.0% Specificity: 89.0%
Depression Screener for Teenagers (DesTeen) ⁸⁹	13	5 minutes	13–16 years	Sensitivity: 90.0% Specificity: 80.0%
Mood and Feelings Questionnaire ¹⁹⁶	13	5 minutes	8–18 years	Sensitivity: 78.0% Specificity: 78.0%
Patient Health Questionnaire-Adolescent Version (PHQ-2) ⁸⁹	2	5 minutes	12–18 years	Sensitivity: 89.5% Specificity: 77.5%
Patient Health Questionnaire-Adolescent Version (PHQ-A) ¹⁹⁷	9	2–10 minutes	12–18 years	Sensitivity: 89.5% Specificity: 77.5%
Pediatric Symptom Checklist briefer parent and youth forms (PSC-17) ¹⁹⁸	17	5–10 minutes	11–18 years	Sensitivity: 85.0% Specificity: 88.0%
Pediatric Symptom Checklist Original (PSC) ⁸⁸	35	5–10 minutes	6–18 years	Sensitivity: 95.0% Specificity: 68.0%
Pediatric Symptom Checklist Youth Self-Report (PSC-Y) ¹⁵⁵	35	5–10 minutes	11–18 years	Sensitivity: 94.0% Specificity: 88.0%
Reynolds Adolescent Depression Scale-Second Edition (RAD5-2) ¹⁹⁹	30	5–10 minutes	11–18 years	Sensitivity: 84.0% Specificity: 92.0%
Reynolds Child Depression Scale (RCDS) ²⁰⁰	30	5–10 minutes	7–13 years	Sensitivity: 73.0% Specificity: 97.0%

* Newer versions have replaced these instruments that currently are more frequently used in child and adolescent samples.

Table 2. Comparison of Studies Meeting Inclusion and Quality Criteria in Previous and Present USPSTF Reviews

Key Question	Study	USPSTF Review	
		2009	Current
KQ 1 Improved Health from Screening	None		
KQ 2 Accuracy of Screen Instruments	Barrera 1988 ¹²¹	X	
	Canals 1995 ¹²⁵	X	
	Canals 1997 ¹²⁶	X	
	Canals 2001 ¹¹¹	X	X
	Garrison 1991 ¹¹³	X	X
	Garrison 1990 ¹²⁷	X	
	Goodman 2003 ¹²³	X	
	Johnson 2002 ¹¹⁵	X	X
	Patton 1999 ¹¹⁴	X	X
	Roberts 1991 ¹¹²	X	X
	Whitaker 1990 ¹²²	X	
	Winter 1999 ¹²⁴	X	
KQ 3 Clinical Utility of Screening	None		
KQ 4 Harms of Screening	None		
KQ 5 Benefits of Treatment	Ackerson 1998 ¹³⁶	X	
	Berard 2006 ¹³⁹	X	
	Clarke 1999 ¹²⁰	X	X
	Diamond 2002 ¹³²	X	
	Emslie 1997 ¹²⁸	X	
	Emslie 2002 ¹²⁹	X	
	Emslie 2009 ¹⁰⁶		X
	Kahn 1990 ¹³⁷	X	
	Kennard 2006 ¹¹⁶	X	X
	Keller 2001 ¹³⁸	X	
	Kratochvil 2006 ¹⁴¹	X	
	Lewinsohn 1990 ¹³³	X	
	March 2004 ⁹⁸	X	X
	Mufson 1999 ¹³¹	X	
	Mufson 2004 ¹³⁵	X	
	Richardson 2014 ¹⁰⁸		X
	Rosello 1999 ¹³⁰	X	
	Stark 1987 ¹³⁴	X	
	Vitiello 2006 ¹¹⁷	X	X
	Wagner 2004 ¹¹⁹	X	X
Wagner 2006 ¹¹⁸	X	X	
KQ 6 Harms of Treatment	Bridge 2007 ¹⁵¹	X	
	Emslie 1997 ¹²⁸	X	
	Emslie 2002 ¹²⁹	X	
	Emslie 2006 ¹⁴⁴	X	
	Emslie 2009 ¹⁰⁶		X
	Hammad 2006 ¹⁴⁷	X	
	Kaizar 2006 ¹⁵²	X	
	March 2004 ⁹⁸	X	X
	Martin 2004 ¹⁵⁰	X	
	Mayes 2007 ¹⁴⁵	X	
	Mufson 1999 ¹³¹	X	
	Nilsson 2004 ¹⁴⁶	X	
	Olfson 2006 ¹⁴⁹	X	
	Richardson 2014 ¹⁰⁸		X
	Sondergard 2006 ¹⁴⁸	X	
	Valuck 2004 ¹⁵⁴	X	
	Wagner 2004 ¹¹⁹	X	X
	Wagner 2006 ¹¹⁸	X	X
	Wallace 2006 ¹⁵³	X	

KQ, Key Question; USPSTF, U.S. Preventive Services Task Force.

Table 3. Study Characteristics of Included Screening Studies

Study Reference Quality	Screening Tool	Selection Method
Johnson et al., 2002 ¹¹⁵ Fair	PHQ-A	13- to 18-year-old English-speaking youth with at least 9 years of education, from primary care and school nurses' offices in CA, OH, NJ, and NY. CA: youth with recent primary care visit within specified network were invited via letter OH, NJ, NY: youth invited by their providers and given baseline questionnaire packet to mail in; only those whose diagnostic interview completed within 18 days included in analysis (162/403 completed diagnostic interviews)
Canals et al., 2001 ¹¹¹ Fair	BDI BDI	All age-eligible children per municipal census in urban Spain recruited and completed assessments through schools. Original sample: boys aged 11 and girls aged 10 Current sample: all of original sample who could be found and consented (304/579)
Roberts et al., 1991 ¹¹² Fair	BDI CES-D	Random sample of nine high schools in five communities (stratified by school) in west-central Oregon; rural oversampled to get equal proportion urban/rural
Garrison et al., 1991 ¹¹³ Fair	CES-D CES-D	Students in or transferring to designated schools for middle or high school in southeastern metropolitan school district; United States
Patton et al., 1999 ¹¹⁴ Fair	CIS-R	45 schools in Victoria, Australia selected with probability proportional to number of year nine students in each of three types of schools. Two classes randomly selected from each school. All CIS-R-positive youth and random sample of CIS-R-negative students selected for diagnostic interview

BDI, Beck Depression Inventory; CA, California; CES-D, Center for Epidemiological Studies—Depression Scale; CIS-R, Clinical Interview Schedule—Revised; PHQ-A, Patient Health Questionnaire for Adolescents, OH, Ohio.

Table 4. Childhood Depression Screening Test Accuracy

Author, Year USPSTF Quality	N	Instrument	Age Range or Mean Age, Years	Sensitivity	Specificity	Prevalence	Positive Predictive Value	Negative Predictive Value	Area Under the Curve (95% CI)
Johnson et al., 2002 ¹¹⁵ Fair	403 ^a	PHQ-A positive	13-18	73%	94%	Assumed current: 9.4% ^b (38/403)	56%	97%	NR
Canals et al., 2001 ¹¹¹ Fair	290	BDI ≥ 11 BDI ≥ 16	17-18	90% 90%	86% 96%	Current: 3.4% (SE: 1.4; SCAN, appears to be weighted for selection) ¹²⁶	20% 47%	99.5% 99.6%	NR
Roberts et al., 1991 ¹¹² Fair	1,704	BDI ≥ 11 CES-D ≥ 24	Mean age 16.6	84% 84%	81% 75%	Weighted data NR	10% 8%	99.5% 99%	Male: 0.93 (0.84-1.02) ^c Female: 0.83 (0.75-0.91) ^c Male: 0.87 (0.75-0.99) ^c Female: 0.83 (0.75-0.91) ^c
Garrison et al., 1991 ¹¹³ Fair	332	CES-D ≥ 22 CES-D ≥ 12	11-15 11-15	18% (male) 83% (female) 85% (male) 84% (female)	83% (male) 77% (female) 49% (male) 38% (female)	Weighted data NR	9% 25% 13% 11%	NR NR NR NR	Male: 0.61 Female: 0.77
Patton, 1999 ¹¹⁴ Fair	158	CIS-R positive	Mean age 15.7	18%	97%	Current: 6.2% (95% CI: 0.3 to 11.8); past 6 months 12.1% (95% CI: 5.0 to 19.3); (CIDI, estimate weighted for selection)	49%	91%	NR

^a 403 patients completed screening and diagnostic interviews, but 162 patients were excluded due to the time lag between screening and interview.

^b The clinical validation interview included items from the Structured Clinical Interview for DSM-III-R, the PRIME-MD Clinical Evaluation Guide, and the DSM-IV Global Assessment of Functioning

^c CI calculated from reported standard errors.

BDI, Beck Depression Inventory; CES-D, Center for Epidemiological Studies—Depression Scale; CI, confidence interval; CIDI, Comprehensive International Diagnostic Interview; CIS-R, Clinical Interview Schedule—Revised; EPDS, Edinburgh Postnatal Depression Scale; NR, not reported; PHQ-A, Patient Health Questionnaire for Adolescents; SCAN, Schedules for Clinical Assessment in Neuropsychiatry; SE, standard error; USPSTF, U.S. Preventive Services Task Force.

Table 5. Inclusion and Exclusion Criteria of MDD Treatment Trials in Children and Adolescents (KQ 5)

Author, Year Quality Rating	Intervention	Inclusion/Exclusion Criteria
March, 2004 ⁹⁸ , Kennard 2006 ¹¹⁶ , Vitiello 2006 ¹¹⁷ Good	IG1: fluoxetine CG: placebo	Exclusion: Aged <12 or >17 years, unable to receive care as outpatient, didn't meet DSM-IV criteria for MDD at consent/baseline, CDRS-R <45 at baseline, IQ <80, prior treatment with AD, depressive mood had to have been present in at least 2 of 3 contexts (home, school, among peers), current or past diagnosis of bipolar disorder, severe conduct disorder, current substance abuse or dependence, pervasive developmental disorder(s), thought disorder, concurrent treatment with psychotropic medication or psychotherapy outside the study, 2 failed SSRI trials, a poor response to clinical treatment containing CBT for depression, intolerance to fluoxetine, confounding medical condition, non-English speaking patient or parent, and/or pregnancy or refusal to use birth control. No patients were asked or required to discontinue other forms of psychiatric treatment to enter the study; excluded for dangerousness to self or others if they had been hospitalized for dangerousness within 3 months of consent or were deemed by a cross-site panel to be high risk because of a suicide attempt requiring medical attention within 6 months, clear intent or an active plan to commit suicide, or suicidal ideation with a disorganized family unable to guarantee safety monitoring.
Wagner, 2006 ¹¹⁸ Fair	IG: escitalopram CG: placebo	Inclusion: Outpatients 6–17 years; primary diagnosis of MDD for at least 4 weeks, with a CDRS-R score ≥40. Diagnosis established at initial screening visit through use of K-SADS-PL and semi-structured diagnostic interview to assess MDD. Patients with normal results at screening from physical examination, laboratory tests, and electrocardiography were included. Exclusion: Primary psychiatric diagnosis other than MDD, any psychotic features, any personality disorder, or met DSM-IV criteria for ADHD, post-traumatic stress disorder, bipolar disorder, mental retardation, conduct disorder, or oppositional defiant disorder. A history of anorexia nervosa, bulimia, or substance abuse, including alcohol, within the past year. In females, pregnancy, lactation, and not using adequate contraception. Initiation of psychotherapy or behavioral therapy during the study or 3 months before the screening visit were not enrolled. Severe suicidal ideation requiring inpatient treatment; previous treatment with and failure of antidepressant or anxiolytic medication (within 2 weeks of baseline, 4 weeks for fluoxetine), antipsychotic or stimulant (6 months before screening); concomitant treatment with certain prescriptions or over-the-counter medications, including any psychotropic drug; or concurrent psychotherapy were excluded.
Emslie et al., 2009 ¹⁰⁶ Fair	IG: escitalopram CG: placebo	Inclusion: Outpatients 12 -17 years, met diagnostic criteria for MDD; score ≥ 45 on the CDRS-R at screening and baseline, patient and parental consent; parent's attendance at study visits. Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children--Present and Lifetime, CGI-S score ≥4, Kaurman Brief Intelligence Test score ≥80; normal physical examination, lab tests and ECG at screening. Negative serum b-human chorionic gonadotropin pregnancy test (females with childbearing potential), caregiver capable of providing information about patient's condition. Family support to guarantee adequate safety monitoring.
Clarke et al., 1999 ¹²⁰ Fair	IG1: child CBT IG2: child CBT with separate parent sessions CG: waitlist control	Inclusion: (1) age 14-18; and (2) current DSM-III-R diagnosis of major psychiatric disorder or dysthymia Exclusion: (1) Current mania/hypomania, panic disorder, generalized anxiety disorder, conduct disorder, psychoactive substance abuse/dependence, lifetime organic brain syndrome, mental retardation, or schizophrenia; (2) receiving other treatment for depression and unwilling to discontinue; or (3) needed immediate, acute treatment

Table 5. Inclusion and Exclusion Criteria of MDD Treatment Trials in Children and Adolescents (KQ 5)

Author, Year Quality Rating	Intervention	Inclusion/Exclusion Criteria
Wagner, 2004 ¹¹⁹ Fair	IG: citalopram CG: placebo	Inclusion: Outpatients 7–17 years; primary diagnosis of MDD for at least 4 weeks, with a CDRS-R score ≥ 40 . Diagnosis established at initial screening visit through use of K-SADS-PL and semi-structured diagnostic interview to assess MDD. Patients with normal results at screening from physical examination, laboratory tests, and electrocardiography were included. Exclusion: Primary psychiatric diagnosis other than MDD, any psychotic features, any personality disorder, or met DSM-IV criteria for ADHD, PTSD, bipolar disorder, mental retardation, conduct disorder, or oppositional defiant disorder. History of anorexia nervosa, bulimia, or substance abuse, including alcohol, within the past year. In females, pregnancy, and not using adequate contraception. Initiation of psychotherapy or behavioral therapy during the study or 3 months before the screening visit were not enrolled. Severe suicidal ideation requiring inpatient treatment; previous treatment with and failure of antidepressant or anxiolytic medication, antipsychotic or stimulant; concomitant treatment with certain prescriptions or over-the-counter medications, including any psychotropic drug; or concurrent psychotherapy were excluded.
Richardson, 2014 ¹⁰⁸		Inclusion: Adolescent participants (ages 13 to 17 years), screening PHQ-9 score of 10 or more, met criteria for major depression on the Kiddie-Structured Interview for Affective Disorders and Schizophrenia ²⁰¹ or had a second positive PHQ-9 with a Child Depression Rating Scale–Revised (CDRS-R) ²⁰² score of 42 or greater. Exclusion: Non-English speaking, suicidal plan or recent attempt, bipolar, drug/alcohol misuse (CRAFFT18 score ≥ 5), seeing a psychiatrist, and developmental delay

AD = antidepressant medication; ADHD = attention deficit hyperactivity disorder = CBT = cognitive behavioral therapy; CDRS-R = Children’s Depression Rating Scale—Revised; CG = control group; CGI-I = Clinical Global Impression—Improvement Scale; CI = confidence interval; DSM-IV = *Diagnostic and Statistical Manual*, Fourth Edition; IG = intervention group; K-SADS-PL = Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children—Present and Lifetime Version; MDD = major depressive disorder; PTSD = post-traumatic stress disorder; SSRI = selective serotonin reuptake inhibitor.

Table 6. Characteristics of RCTs of MDD Treatment in Children and Adolescents (KQ 5)

Author, Year Quality Rating	Intervention	Age Range, Years	N Patients Randomized	Length of Intervention, weeks
Pharmacotherapy (n=4 trials reported in 6 publications; 1 new since 2009)				
March, 2004 ⁹⁸ , Kennard 2006 ¹¹⁶ , Vitiello 2006 ¹¹⁷ Good	IG1: fluoxetine CG: placebo	12-17	221	12
Wagner, 2006 ¹¹⁸ Fair	IG: escitalopram CG: placebo	6-17	268	8
Emslie et al., 2009 ^{106a} Fair	IG: escitalopram CG: placebo	12-17	316	8
Wagner, 2004 ¹¹⁹ Fair	IG: citalopram CG: placebo	7-17	178	8
Psychotherapy (n=2 trial reported in 4 publications)				
Clarke et al., 1999 ¹²⁰ Fair	IG1: child CBT IG2: child CBT with separate parent sessions CG: waitlist control	14-18	123	8
March et al., 2004 ⁹⁸ , Kennard 2006 ¹¹⁶ , Vitiello 2006 ¹¹⁷ Good	IG2: individual CBT CG: placebo + clinical monitoring	12-17	223	12
Combined Psychotherapy and Pharmacotherapy (n=1 trial reported in 3 publications)				
March et al., 2004 ⁹⁸ , Kennard 2006 ¹¹⁶ , Vitiello 2006 ¹¹⁷ Good	IG3: individual CBT + fluoxetine CG: placebo + clinical monitoring	12-17	219	12
Collaborative Care (n=1 trial reported in 1 publication)				
Richardson 2014 ^{108a} Good	IG: Collaborative care CG: Enhanced usual care	13-17	101	52

^a New evidence.

^b With worsening of depressive symptoms for at least 2 weeks, or a clinician determination that there was significant clinical deterioration suggesting that full relapse would be likely without altering treatment, even if the CDRS-R score was ≤40.

AD, antidepressant medication; ADHD, attention deficit hyperactivity disorder, CBT, cognitive behavioral therapy; CDRS-R, Children's Depression Rating Scale—Revised; CG, control group; CGI-I, Clinical Global Impression—Improvement Scale; CI, confidence interval; DSM-IV, *Diagnostic and Statistical Manual*, Fourth Edition; IG, intervention group; K-SADS-PL, Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children—Present and Lifetime Version; MDD, major depressive disorder; PTSD, post-traumatic stress disorder.

Table 7. Summary of Efficacy Outcomes in RCTs of MDD Treatment With SSRIs in Children and Adolescents

Pharmacotherapy and Study	Response Rate		Response (CGI-I = 1 or 2) Risk Difference, % (95% CI)	Depression Severity (Change in CDRS-R) Mean Change (95% CI)	Depression Symptom Improvement (CGI-I) Mean Change (95% CI)	Depression Symptom Severity (Change in CDI-S) Mean Change (95% CI)	Global Functioning (Change in CGAS) Mean Change (95% CI)
	Treatment Group	Placebo Group					
March, 2004 ^{98, 116, 117} (fluoxetine)	60.6%	34.8%	25.7 (13.0 to 38.5)	-3.1 (-6.7 to 0.6)	NR	NR	2.4 (0.2 to 4.7)
Wagner, 2004 ¹¹⁹ (citalopram)	47.2%	44.7%	2.4 (-12.8 to 16.8)	NR	NR	NR	NR
Wagner, 2006 ¹¹⁸ (escitalopram)	63%	52%	10.5 (-1.4 to 22.4)	-1.7 (-5.0 to 1.6)	-0.2 (-0.5 to 0.1)	-0.3 (-0.6 to 0.01)	2.9 (-0.2 to 6.0)
Emslie et al., 2009 ¹⁰⁶ (escitalopram)	64.3%	52.9%	11.4 (0.5 to 22.3)	-3.4 (-6.2 to -0.5)	-0.3 (-0.6 to -0.1)	-0.4 (-0.6 to -0.1)	2.2 (-0.4 to 4.8)

CDI-S, Children's Depression Inventory—Short Version; CDRS-R, Children's Depression Rating Scale—Revised; CGAS, Children's Global Assessment Scale; CGI-I, Clinical Global Impression—Improvement Scale; CI, confidence interval; NR, not reported.

Table 8. Summary of Suicide-Related Adverse Events in Children and Adolescents Treated With Antidepressants (KQ 6)

Drug (Number of Studies)	Suicide Events/Total N (%)		Risk Difference % (95% CI)
	Treatment	Placebo	
Fluoxetine (n=1)	9/109 (8.3)	4/112 (3.6)	4.7 (-1.5 to 10.9)
Escitalopram (n=1)	1/154 (0.6)	1/157 (0.6)	0 (-1.8 to 1.8)
Escitalopram (n=1)	1/131 (0.8)	2/133 (1.5)	-0.7 (-3.3 to 1.8)
Citalopram (n=1)	0/89 (0)	0/85 (0)	0 (-2.2 to 2.2)

CI = confidence interval; KQ = Key Question; N = number; SSRI = selective serotonin reuptake inhibitor.

Table 9. Summary of Evidence

Key Question	Intervention	Trials, <i>k</i> Observations, <i>n</i>	Major Limitations	Consistency	Applicability	Quality Ratings	Summary of Findings
Key Question 1 (effect of screening on health and other outcomes)	NA	k=0	NA	NA	NA	NA	No studies assessed the overarching Key Question
Key Question 2 (accuracy of screening)	Primary care-based (PHQ-A)	k=1, n=403	Single study, published in 2002, from primary care and school clinic-based sample; only 61% of the sample answering the screener had diagnostic interviews	NA	Adolescents only (13-18)	1: Fair	Lower sensitivity (73%) than specificity (94%), positive predictive value is 56%, negative predictive value is 97%
	School-based (BDI, CES-D, CIS-R)	k=4, n=2,474	Some studies had low response rates; 2 studies did not describe the time lapse between the screener and diagnostic interview; if lengthy, it could explain poor sensitivity	Inconsistent	No study evaluated children under 11	4: Fair	Among instruments, BDI has the highest sensitivity and specificity; other instruments have lower sensitivity and specificity than PHQ-A or BDI but have substantial heterogeneity in populations, instruments, and cutoffs
Key Question 3 (proportion with MDD identified with screening)	NA	k=0	NA	NA	NA	NA	No studies assessed proportion with MDD identified with screening
Key Question 4 (harms of screening)	NA	k=0	NA	NA	NA	NA	No studies assessed harms of screening
Key Question 5 (benefits of treatment)	SSRIs	k=4, n=983	Limited number of studies; only escitalopram had more than 1 trial; few outcomes studied; only 1 study examined subgroup differences in efficacy	Inconsistent	Inclusion/exclusion criteria very rigorous in most trials, may not be applicable to primary care; no studies recruited patients from primary care or school clinic settings	1: Good 3: Fair	The fluoxetine study found a statistically significant benefit of the intervention of response among adolescents; 1 of 2 escitalopram trials found statistically significant benefits for relapse; the citalopram trial did not find significant differences in outcomes between groups

Table 9. Summary of Evidence

Key Question	Intervention	Trials, k Observations, n	Major Limitations	Consistency	Applicability	Quality Ratings	Summary of Findings
	Psychotherapy	k=2, n=346	2 interventions evaluated; no trials included children under the age of 12; no subgroup differences in efficacy examined; few outcomes examined	Inconsistent	1 effectiveness study on adolescents with MDD conducted at 13 academic and community clinics throughout the United States; 1 effectiveness study on adolescents in 2 research clinic sites	1: Good 1: Fair	Neither trial showed improvement on remission/recovery. Inconsistent effects on, symptoms, response, functioning. No effect on depression severity, global burden of psychiatric problems, child behavioral or emotional issues, or quality of life (single trial each),
	Combined	k=1, n=219	Only 1 intervention evaluated; no trials included children under the age of 12; no subgroup differences in efficacy examined; few outcomes examined	Unknown consistency (single study)	1 effectiveness study on adolescents with MDD conducted at 13 academic and community clinics throughout the United States	1: Good	The single combined fluoxetine and CBT trial showed benefit for response, depression symptoms, and depression severity in the treatment group versus placebo
	Collaborative care	k=1, n=101	Only 1 intervention evaluated; no trials included children under the age of 12; potential for contamination because of individual rather than clinic-based assignment	Unknown consistency (single study)	1 effectiveness study on adolescents, majority with MDD (60%) from pediatric and family medicine clinics in the Group Health system in the United States, mostly white (69%) and female (72%)	1: Good	The single trial of collaborative care showed benefit for symptom reduction and remission at 6 and 12 months; improvement in clinically significant response at 12 months but not 6 months; and no benefit in functioning at either time point
Key Question 6 (harms of treatment)	SSRIs	k=4, n=983	Limited number of studies; only escitalopram had more than 1 trial; analyses not powered to find statistically significant differences between groups; no trials assessed subgroup differences	Consistent	Inclusion/exclusion criteria very rigorous in most trials, may not be applicable to primary care; no studies recruited patients from primary care or school clinic settings	1: Good 3: Fair	Analyses not powered to detect significant differences between groups but no individual SSRIs appear to be associated with increased risks, with fluoxetine having the highest absolute risk differences between intervention and placebo groups for suicidality

Table 9. Summary of Evidence

Key Question	Intervention	Trials, <i>k</i> Observations, <i>n</i>	Major Limitations	Consistency	Applicability	Quality Ratings	Summary of Findings
	Psychotherapy	k=1, n=223	Only 1 intervention evaluated; no trials included children under the age of 12; no subgroup differences in harms examined	Unknown consistency (single study)	1 effectiveness study on adolescents with MDD conducted at 13 academic and community clinics throughout the United States	1: Good	Analyses not powered to detect significant differences between groups; single trial of CBT appeared to show only negligible differences in harms for intervention group versus placebo
	Combined	k=1, n=219	Only 1 intervention evaluated; no trials included children under the age of 12; no subgroup differences in harms examined	Unknown consistency (single study)	1 effectiveness study on adolescents with MDD conducted at 13 academic and community clinics throughout the United States	1: Good	Analyses not powered to detect significant differences between groups; single trial of fluoxetine and CBT appeared to show only negligible differences in harms for intervention group versus placebo
	Collaborative care	k=1, n=101	Only 1 intervention evaluated; no trials included children under the age of 12; no subgroup differences in harms examined	Unknown consistency (single study)	1 effectiveness study on adolescents, majority with MDD (60%) from pediatric and family medicine clinics in the Group Health system in the United States, mostly white (69%) and female (72%)	1: Good	Analyses not powered to detect significant differences between groups; more intervention patients experienced a psychiatric hospitalization (3 [6%] vs. 2 [4%]); more control patients experienced an ED visit with a primary psychiatric diagnosis (1 [2%] vs. 5 [10%])

BDI = Beck Depression Inventory; CBT = cognitive behavioral therapy; CES-D = Center for Epidemiological Studies—Depression Scale; CIS-R = Clinical Interview Schedule—Revised; EPDS = Edinburgh Postnatal Depression Scale; MDD = major depressive disorder; n = number; NA = not applicable; PHQ-A = Patient Health Questionnaire for Adolescents; SSRI = selective serotonin reuptake inhibitor.

Appendix A. Non-USPSTF Guidelines and Recommendations on Screening for Children and Adolescents

Organization	Recommendation
United States	
American Academy of Pediatrics (AAP), Bright Futures ¹	Recommends screening annually for emotional and behavioral problems for children and adolescent patients.
American Medical Association (AMA), Guidelines for Adolescent Preventive Services ²	Recommends that primary care physicians use a systematic strategy for screening and health guidance, which is designed to identify whether an adolescent engages in or is at risk of depression and/or suicide.
Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program ³	Recommends screening services to detect physical and mental conditions at periodic, age-appropriate intervals and if risk is identified, followup with diagnostic and treatment coverage.
American Academy of Pediatrics (AAP)/ American Academy of Child and Adolescent Psychiatry (AACAP) Joint Task Force ⁴	Supports the emerging use of standardized screening tools for children and adolescents by paying for the mental health screen at routine medical visits and for the administration, scoring, and interpretation of standardized mental-health assessment instruments.
American Academy of Family Physicians ⁵	Recommends screening of adolescents (12 to 18 years of age) for MDD when systems are accessible to ensure accurate diagnosis, treatment (psychotherapy), and followup.
Institute of Medicine and National Research Council, "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities" ⁶	Recommends that the Federal government expand early identification and prevention of mental, emotional, and behavioral disorders in young people through a national research plan to measure trends in utilization of services and implement evidence-based screening and prevention.
Society for Adolescent Medicine and Medicine ⁷	Supports adolescents' access to a comprehensive range of mental health services; importance of early identification; and appropriate, timely treatment of antidepressant medications with close monitoring for unusual changes in behavior.
Guidelines for Adolescent Depression in Primary Care (GLAD-PC) ⁸	Supports primary care providers to identify (via screening tools and followup clinical interviews) and coordinate depression care for their adolescent population.
National Alliance on Mental Illness ⁹	Recommends that primary care providers and child-serving agencies adopt evidence-based practices of screening and early recognition tools to identify and diagnose mental illness as early as possible.
International	
Canadian Task Force on Preventive Health Care ¹⁰	Insufficient evidence to recommend for or against screening for depression among children or adolescents in primary care settings
National Institute for Health and Clinical Excellence (NICE)—United Kingdom ¹¹	Recommends specific psychological therapy (CBT and IPT for at least 3-month duration) for young people with moderate to severe depression and antidepressant medication only for moderate to severe cases and when offered with concurrent psychological therapy.

CBT = cognitive behavioral therapy; IPT = interpersonal therapy; MDD= major depressive disorder; USPSTF = U.S. Preventive Services Task Force.

References

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2. Elster AB, Kuznets NJ, eds. Guidelines for Adolescent Preventive Services. Baltimore: Williams and Wilkins; 1994.
3. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health. EPSDT Program Background. www.mchb.hrsa.gov/epsdt/overview.html. Accessed February 15, 2013.
4. American Academy of Child and Adolescent Psychiatry, Committee on Health Care Access and Economics Task Force on Mental Health. Improving mental health services in primary care: reducing administrative and financial barriers to access and collaboration. *Pediatrics*. 2009 Apr;123(4):1248-51. PMID: 19336386.
5. American Academy of Family Physicians. Recommendations for Depression Screening, Children and Adolescents. 2009 www.aafp.org/online/en/home/clinical/exam/depression.html. Accessed February 15, 2013.

Appendix A. Non-USPSTF Guidelines and Recommendations on Screening for Children and Adolescents

6. National Research Council, Institute of Medicine. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press; 2009 www.ncbi.nlm.nih.gov/books/NBK32788/#ch2.s12. Accessed February 15, 2013.
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10. MacMillan HL, Patterson CJ, Wathen CN. Screening for depression in primary care: updated recommendations from the Canadian Task Force on Preventive Health Care. London, Ontario: Canadian Task Force on Preventive Health Care; 2004.
11. National Institute for Health and Clinical Excellence. Depression in children and young people: identification and management in primary, community, and secondary care. 2005 www.nice.org.uk/nicemedia/live/10970/29856/29856.pdf. Accessed February 14, 2013.

Appendix B. Search Strategy and Detailed Methods

Search Strategy

4/1/13 PubMed Systematic Reviews and Meta-Analyses

Search	Query	Items found
#1	Search ("Depression" OR "Depressive Disorder" OR "Postpartum Depression" OR "Major Depressive Disorder" OR "Dysthymic Disorder" OR "dysthymia" OR "Disorder")	283359
#2	Search "Depression"[Mesh] OR "Depressive Disorder"[Mesh] OR "Depression, Postpartum"[Mesh] OR "Depressive Disorder, Major"[Mesh] OR "Dysthymic Disorder"[Mesh] OR "Seasonal Affective Disorder"[Mesh]	142442
#3	Search ((#1 OR #2))	283359
#4	Search ((#1 OR #2)) Filters: Publication date from 2005/11/01	97513
#5	Search ((#1 OR #2)) Filters: Publication date from 2005/11/01; English	90387
#6	Search ((#1 OR #2)) Filters: Publication date from 2005/11/01; English; Child: birth-18 years	18857
#7	Search (#6 AND systematic[SB])	630
#8	Search (depression[TIAB] OR depressed[TIAB] OR depressive[TIAB])	274236
#9	Search (child[TIAB] OR children[TIAB] OR adolescen*[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB])	924661
#10	Search ((#8 AND #9))	22932
#11	Search ((#10 AND (publisher[SB] OR in process[SB])))	486
#12	Search ((#11 AND systematic[SB]))	13
#13	Search (#11 AND (meta-analysis[TIAB] OR medline[TIAB] OR systematic*[TIAB] OR search*[TIAB]))	18
#14	Search (#12 OR #13)	20
#15	Search (#12 OR #13) Filters: Publication date from 2005/11/01	10
#16	Search (#12 OR #13) Filters: Publication date from 2005/11/01; English	10
#17	Search (#7 OR #16)	640
#18	Search ((#17) AND ("retraction" OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	0
#19	Search ((#17) AND ("retraction" OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])) Schema: all	0
#20	Search (((Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory" OR "depression scales" OR "depression scales" OR "mood and feelings questionnaire" OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children" OR depression inventory" OR Epidemiologic Studies Depression Scale" OR Depression Scales" OR self repo	482377
#21	Search (((Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR (antidepressive agent*[TIAB]) OR (antidepressive drug*[TIAB]) OR (selective serotonin reuptake inhibitor*[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloft[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB]))))	79849
#22	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR Behavior Therapy[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] or treatment*[TIAB] or intervention*[TIAB])) OR (interpersonal therap*[TIAB]) OR (interpersonal intervention*[TIAB]) OR Self-Help Groups[MeSH] OR (self help[TIAB]) OR Family Therapy[MeSH] OR (family support[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR Directive Counseling[MeSH] OR counsel*[TIAB] OR Problem Solving[MeSH] OR (problem solving[TIAB]))	423044
#23	Search (#17 AND (#20 OR #21 OR #22))	363

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
#24	Search (("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields]))	7765
#25	Search ((#1 OR #2)) Filters: English	249079
#26	Search ((#1 OR #2)) Filters: English; Child: birth-18 years	43699
#27	Search ((#26 AND systematic[SB]))	963
#28	Search (#12 OR #13) Filters: English	18
#29	Search (#27 OR #28)	981
#30	Search (#29 AND #24)	23
#31	Search (#23 OR #30)	370

1/9/14 PubMed Systematic Reviews and Meta-Analyses

Search	Query	Items found
#1	Search ("Depression" OR "Depressive Disorder" OR "Postpartum Depression" OR "Major Depressive Disorder" OR "Dysthymic Disorder" OR "dysthymia" □ OR "Disorder")	296221
#2	Search "Depression"[Mesh] OR "Depressive Disorder"[Mesh] OR "Depression, Postpartum"[Mesh] OR "Depressive Disorder, Major"[Mesh] OR "Dysthymic Disorder"[Mesh] OR "Seasonal Affective Disorder"[Mesh]	145575
#3	Search ((#1 OR #2))	296221
#4	Search ((#1 OR #2)) Filters: Publication date from 2012/04/01	29804
#5	Search ((#1 OR #2)) Filters: Publication date from 2012/04/01; English	28472
#6	Search ((#1 OR #2)) Filters: Publication date from 2012/04/01; English; Child: birth-18 years	3780
#7	Search (#6 AND systematic[SB])	152
#8	Search (depression[TIAB] OR depressed[TIAB] OR depressive[TIAB])	288003
#9	Search (child[TIAB] OR children[TIAB] OR adolescen*[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB])	967687
#10	Search ((#8 AND #9))	24639
#11	Search ((#10 AND (publisher[SB] OR in process[SB])))	993
#12	Search ((#11 AND systematic[SB]))	35
#13	Search (#11 AND (meta-analysis[TIAB] OR medline[TIAB] OR systematic*[TIAB] OR search*[TIAB]))	47
#14	Search (#12 OR #13)	52
#15	Search (#12 OR #13) Filters: Publication date from 2012/04/01	36
#16	Search (#12 OR #13) Filters: Publication date from 2012/04/01; English	36
#17	Search (#7 OR #16)	188
#18	Search ((#17) AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	0
#19	Search ((#17) AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])) Schema: all	0
#20	Search (((Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory"[TIAB] OR "depression inventories"[TIAB] OR "depression scale"[TIAB] OR "depression scales"[TIAB] OR "depression rating scale"[TIAB] OR "depression rating scales"[TIAB] OR "self report rating scale"[TIAB] OR "self report rating scales"[TIAB] OR "mood and feelings questionnaire"[TIAB] OR "mood and feelings questionnaires"[TIAB] OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children"[TIAB] OR "beck depression inventory"[TIAB] OR "beck depression inventories"[TIAB] OR "Center for Epidemiologic Studies Depression Scale"[TIAB] OR "Center for Epidemiologic Studies Depression Scales"[TIAB])))	512518
#21	Search (((Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR (antidepressive agent*[TIAB]) OR (antidepressive drug*[TIAB]) OR (selective serotonin reuptake inhibitor*[TIAB]) OR ssi[TIAB] OR sris[TIAB] OR	82780

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloft[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB]))	
#22	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR Behavior Therapy[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal therap*[TIAB]) OR (interpersonal intervention*[TIAB]) OR Self-Help Groups[MeSH] OR (self help[TIAB]) OR Family Therapy[MeSH] OR (family support[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR Directive Counseling[MeSH] OR counsel*[TIAB] OR Problem Solving[MeSH] OR (problem solving[TIAB]))	444707
#23	Search (("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields]))	8271
#24	Search (#17 AND (#20 OR #21 OR #22 OR #23))	91

4/10/14 PubMed Systematic Reviews and Meta-Analyses

Search	Query	Items found
#1	Search ("Depression" OR "Depressive Disorder" OR "Postpartum Depression" OR "Major Depressive Disorder" OR "Dysthymic Disorder" OR "dysthymia" OR "Disorder")	301113
#2	Search "Depression"[Mesh] OR "Depressive Disorder"[Mesh] OR "Depression, Postpartum"[Mesh] OR "Depressive Disorder, Major"[Mesh] OR "Dysthymic Disorder"[Mesh] OR "Seasonal Affective Disorder"[Mesh]	147734
#3	Search ((#1 OR #2))	301113
#4	Search ((#1 OR #2)) Filters: Publication date from 2012/04/01	34558
#5	Search ((#1 OR #2)) Filters: Publication date from 2012/04/01; English	32998
#6	Search ((#1 OR #2)) Filters: Publication date from 2012/04/01; English; Child: birth-18 years	4570
#7	Search (#6 AND systematic[SB])	159
#8	Search (depression[TIAB] OR depressed[TIAB] OR depressive[TIAB])	292971
#9	Search (child[TIAB] OR children[TIAB] OR adolescent*[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB])	983419
#10	Search ((#8 AND #9))	25265
#11	Search ((#10 AND (publisher[SB] OR in process[SB])))	972
#12	Search ((#11 AND systematic[SB]))	36
#13	Search (#11 AND (meta-analysis[TIAB] OR medline[TIAB] OR systematic*[TIAB] OR search*[TIAB]))	51
#14	Search (#12 OR #13)	56
#15	Search (#12 OR #13) Filters: Publication date from 2012/04/01	40
#16	Search (#12 OR #13) Filters: Publication date from 2012/04/01; English	40
#17	Search (#7 OR #16)	199
#18	Search ((#17) AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	0
#19	Search ((#17) AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])) Schema: all	0
#20	Search (((Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory"[TIAB] OR "depression inventories"[TIAB] OR "depression scale"[TIAB] OR "depression scales"[TIAB] OR "depression rating scale"[TIAB] OR "depression rating scales"[TIAB] OR "self report rating scale"[TIAB] OR "self report rating scales"[TIAB] OR "mood and feelings questionnaire"[TIAB] OR "mood and feelings questionnaires"[TIAB] OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children"[TIAB] OR "beck depression inventory"[TIAB] OR "beck depression inventories"[TIAB] OR "Center for	523516

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	Epidemiologic Studies Depression Scale"[TIAB] OR "Center for Epidemiologic Studies Depression Scales"[TIAB]))	
#21	Search (((Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR (antidepressive agent*[TIAB]) OR (antidepressive drug*[TIAB]) OR (selective serotonin reuptake inhibitor*[TIAB]) OR ssri[TIAB] OR ssnri[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR Luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloft[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB]))))	83888
#22	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR Behavior Therapy[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal therap*[TIAB] OR (interpersonal intervention*[TIAB] OR Self-Help Groups[MeSH] OR (self help[TIAB]) OR Family Therapy[MeSH] OR (family support[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR Directive Counseling[MeSH] OR counsel*[TIAB] OR Problem Solving[MeSH] OR (problem solving[TIAB]))	453098
#23	Search ("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields]))	8425
#24	Search (#17 AND (#20 OR #21 OR #22 OR #23))	96
#25	Search ((#17 AND (#20 OR #21 OR #22 OR #23))) Filters: Publication date from 2013/01/01	61

10/14/14 PubMed Systematic Review and Meta-analysis

Search	PubMed Query	Items found
#1	Search ("Depression" OR "Depressive Disorder" OR "Postpartum Depression" OR "Major Depressive Disorder" OR "Dysthymic Disorder" OR "dysthymia" □ OR Disorder")	311030
#2	Search ("Depression"[Mesh] OR "Depressive Disorder"[Mesh] OR "Depression, Postpartum"[Mesh] OR "Depressive Disorder, Major"[Mesh] OR "Dysthymic Disorder"[Mesh] OR "Seasonal Affective Disorder"[Mesh])	152455
#3	Search (#1 or #2)	311030
#4	Search (#1 or #2) Filters: Publication date from 2013/01/13	31303
#5	Search (#1 or #2) Filters: Publication date from 2013/01/13; English	30121
#6	Search (#1 or #2) Filters: Publication date from 2013/01/13; English; Child: birth-18 years	3612
#7	Search (#6 AND systematic[SB])	142
#8	Search (depression[TIAB] OR depressed[TIAB] OR depressive[TIAB])	303074
#9	Search (child[TIAB] OR children[TIAB] OR adolescen*[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB])	1013337
#10	Search (#8 AND #9)	26498
#11	Search (#10 AND (publisher[SB] OR in process[SB])	1094
#12	Search (#11 AND systematic[SB])	42
#13	Search (#11 AND (meta-analysis[TIAB] OR medline[TIAB] OR systematic*[TIAB] OR search*[TIAB]))	52
#14	Search (#12 OR #13)	56
#15	Search (#12 OR #13) Filters: Publication date from 2013/01/13	38
#16	Search (#12 OR #13) Filters: Publication date from 2013/01/13; English	36
#17	Search (#7 OR #16)	178
#18	Search ((#17) AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	0
#19	Search (((#17) AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])) Schema: all)	0
#20	Search (Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR	545042

Appendix B. Search Strategy and Detailed Methods

Search	PubMed Query	Items found
	screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory"[TIAB] OR "depression inventories"[TIAB] OR "depression scale"[TIAB] OR "depression scales"[TIAB] OR "depression rating scale"[TIAB] OR "depression rating scales"[TIAB] OR "self report rating scale"[TIAB] OR "self report rating scales"[TIAB] OR "mood and feelings questionnaire"[TIAB] OR "mood and feelings questionnaires"[TIAB] OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children"[TIAB] OR "beck depression inventory"[TIAB] OR "beck depression inventories"[TIAB] OR "Center for Epidemiologic Studies Depression Scale"[TIAB] OR "Center for Epidemiologic Studies Depression Scales"[TIAB])	
#21	Search (Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR (antidepressive agent*[TIAB]) OR (antidepressive drug*[TIAB]) OR (selective serotonin reuptake inhibitor*[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloft[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB])	86219
#22	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR Behavior Therapy[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal therap*[TIAB]) OR (interpersonal intervention*[TIAB]) OR Self-Help Groups[MeSH] OR (self help[TIAB]) OR Family Therapy[MeSH] OR (family support[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR Directive Counseling[MeSH] OR counsel*[TIAB] OR Problem Solving[MeSH] OR (problem solving[TIAB]))	470068
#23	Search ("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields])	8775
#24	Search (#17 AND (#20 OR #21 OR #22 OR #23))	92

2/4/15 PubMed Systematic Review and Meta-analysis

Search	Query	Items found
#1	Search (("Depression" OR "Depressive Disorder" OR "Postpartum Depression" OR "Major Depressive Disorder" OR "Dysthymic Disorder" OR "dysthymia" OR "Seasonal Affective Disorder"))	316759
#2	Search (("Depression"[Mesh] OR "Depressive Disorder"[Mesh] OR "Depression, Postpartum"[Mesh] OR "Depressive Disorder, Major"[Mesh] OR "Dysthymic Disorder"[Mesh] OR "Seasonal Affective Disorder"[Mesh]))	155405
#3	Search (#1 or #2)	316759
#4	Search (#1 or #2) Filters: Publication date from 2014/10/01	7644
#5	Search (#1 or #2) Filters: Publication date from 2014/10/01; English	7479
#6	Search (#1 or #2) Filters: Publication date from 2014/10/01; English; Child: birth-18 years	97
#7	Search ((#6 AND systematic[SB]))	5
#8	Search ((depression[TIAB] OR depressed[TIAB] OR depressive[TIAB]))	308874
#9	Search ((child[TIAB] OR children[TIAB] OR adolescen*[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB]))	1030322
#10	Search (#8 AND #9)	27165
#11	Search ((#10 AND (publisher[SB] OR in process[SB]))	1095
#12	Search ((#11 AND systematic[SB]))	37
#13	Search ((#11 AND (meta-analysis[TIAB] OR medline[TIAB] OR systematic*[TIAB] OR search*[TIAB])))	53
#14	Search (#12 or #13)	57
#15	Search (#12 or #13) Filters: Publication date from 2014/10/01	29
#16	Search (#12 or #13) Filters: Publication date from 2014/10/01; English	28
#17	Search (#7 or #16)	33

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
#18	Search (((#17) AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])))	0
#19	Search (((#17) AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])) Schema: all)	0
#20	Search ((Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory"[TIAB] OR "depression inventories"[TIAB] OR "depression scale"[TIAB] OR "depression scales"[TIAB] OR "depression rating scale"[TIAB] OR "depression rating scales"[TIAB] OR "self report rating scale"[TIAB] OR "self report rating scales"[TIAB] OR "mood and feelings questionnaire"[TIAB] OR "mood and feelings questionnaires"[TIAB] OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children"[TIAB] OR "beck depression inventory"[TIAB] OR "beck depression inventories"[TIAB] OR "Center for Epidemiologic Studies Depression Scale"[TIAB] OR "Center for Epidemiologic Studies Depression Scales"[TIAB]))	557499
#21	Search ((Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR (antidepressive agent*[TIAB]) OR (antidepressive drug*[TIAB]) OR (selective serotonin reuptake inhibitor*[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloft[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB]))	87539
#22	Search ((Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR Behavior Therapy[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal therap*[TIAB]) OR (interpersonal intervention*[TIAB]) OR Self-Help Groups[MeSH] OR (self help[TIAB]) OR Family Therapy[MeSH] OR (family support[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR Directive Counseling[MeSH] OR counsel*[TIAB] OR Problem Solving[MeSH] OR (problem solving[TIAB]))	479761
#23	Search (("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields]))	8988
#24	Search ((#17 AND (#20 OR #21 OR #22 OR #23)))	14

4/1/13 PubMed KQ1-4

Search	Query	Items found
1	Search (("Depressive Disorder"[MeSH] OR "Depressive Disorder, Major"[MeSH] OR "Depression"[MeSH] OR depress*[TIAB]))	331041
2	Search ((Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory" □[TIAB] OR "depression scales" □[TIAB] OR "depression scales" □[TIAB] OR "mood and feelings questionnaire" □[TIAB] OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children" [TIAB] OR "beck depression inventory" □[TIAB] OR Epidemiologic Studies Depression Scale" □[TIAB] OR Depression Scales" □[TIAB]))	482377
3	Search ((#1 AND #2))	33723
4	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years	527
5	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years; Child: 6-12 years	2180
6	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	7593
7	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR	1137683

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	
8	Search (#3 AND #7)	4229
9	Search (#6 OR #8)	8696
10	Search (#6 OR #8) Filters: English	8152
11	Search (#6 OR #8) Filters: Humans; English	7829
12	Search (#6 OR #8) Filters: Publication date from 2006/11/01; Humans; English	3896
13	Search (#12 AND ("retraction" [All Fields] OR "Retracted Publication" OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	□[p 17
14	Search (#6 OR #8) Filters: Case Reports	97
15	Search (#6 OR #8) Filters: Case Reports; Editorial	108
16	Search (#6 OR #8) Filters: Case Reports; Editorial; Letter	121
17	Search (#6 OR #8) Filters: Case Reports; Editorial; Letter; News	124
18	Search (#12 NOT #17)	3855

1/9/14 PubMed KQ 1-4

Search	Query	Items found
1	Search (("Depressive Disorder"[MeSH] OR "Depressive Disorder, Major"[MeSH] OR "Depression"[MeSH] OR depress*[TIAB]))	345809
2	Search ((Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory"[TIAB] OR "depression inventories"[TIAB] OR "depression scale"[TIAB] OR "depression scales"[TIAB] OR "depression rating scale"[TIAB] OR "depression rating scales"[TIAB] OR "self report rating scale"[TIAB] OR "self report rating scales"[TIAB] OR "mood and feelings questionnaire"[TIAB] OR "mood and feelings questionnaires"[TIAB] OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children"[TIAB] OR "beck depression inventory"[TIAB] OR "beck depression inventories"[TIAB] OR "Center for Epidemiologic Studies Depression Scale"[TIAB] OR "Center for Epidemiologic Studies Depression Scales"[TIAB]))	512803
3	Search ((#1 AND #2))	36631
4	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years	544
5	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years; Child: 6-12 years	2256
6	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	7865
7	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	1191518
8	Search (#3 AND #7)	4645
9	Search (#6 OR #8)	9275
10	Search (#6 OR #8) Filters: English	8701
11	Search (#6 OR #8) Filters: Humans; English	8115
12	Search (#6 OR #8) Filters: Publication date from 2012/04/01; Humans; English	951
13	Search (#12 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	6
14	Search (#6 OR #8) Filters: Case Reports	98
15	Search (#6 OR #8) Filters: Case Reports; Editorial	109
16	Search (#6 OR #8) Filters: Case Reports; Editorial; Letter	123
17	Search (#6 OR #8) Filters: Case Reports; Editorial; Letter; News	127
18	Search (#12 NOT #17)	941

4/10/14 PubMed KQ 1-4

Search	Query	Items found
1	Search (("Depressive Disorder"[MeSH] OR "Depressive Disorder, Major"[MeSH] OR "Depression"[MeSH] OR depress*[TIAB]))	351089

Appendix B. Search Strategy and Detailed Methods

2	Search ((Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory"[TIAB] OR "depression inventories"[TIAB] OR "depression scale"[TIAB] OR "depression scales"[TIAB] OR "depression rating scale"[TIAB] OR "depression rating scales"[TIAB] OR "self report rating scale"[TIAB] OR "self report rating scales"[TIAB] OR "mood and feelings questionnaire"[TIAB] OR "mood and feelings questionnaires"[TIAB] OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children"[TIAB] OR "beck depression inventory"[TIAB] OR "beck depression inventories"[TIAB] OR "Center for Epidemiologic Studies Depression Scale"[TIAB] OR "Center for Epidemiologic Studies Depression Scales"[TIAB]))	523516
3	Search ((#1 AND #2))	37597
4	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years	560
5	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years; Child: 6-12 years	2308
6	Search ((#1 AND #2)) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	8035
7	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	1210445
8	Search (#3 AND #7)	4779
9	Search (#6 OR #8)	9503
10	Search (#6 OR #8) Filters: English	8922
11	Search (#6 OR #8) Filters: Humans; English	8297
12	Search (#6 OR #8) Filters: Publication date from 2012/04/01; Humans; English	1132
13	Search (#12 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	6
14	Search (#6 OR #8) Filters: Case Reports	98
15	Search (#6 OR #8) Filters: Case Reports; Editorial	109
16	Search (#6 OR #8) Filters: Case Reports; Editorial; Letter	123
17	Search (#6 OR #8) Filters: Case Reports; Editorial; Letter; News	127
18	Search (#12 NOT #17)	1122
#19	Search ((#12 NOT #17)) Filters: Publication date from 2013/01/01	583

10/14/14 PubMed KQ 1-4

Search	PubMed Query	Items found
#1	Search (((("Depressive Disorder"[MeSH] OR "Depressive Disorder, Major"[MeSH] OR "Depression"[MeSH] OR depress*[TIAB]))))	362065
#2	Search ((Mass Screening[MeSH] OR screen[TIAB] OR screening[TIAB] OR screened[TIAB] OR screens[TIAB] OR "case finding"[TIAB] OR casefinding[TIAB] OR "depression inventory"[TIAB] OR "depression inventories"[TIAB] OR "depression scale"[TIAB] OR "depression scales"[TIAB] OR "depression rating scale"[TIAB] OR "depression rating scales"[TIAB] OR "self report rating scale"[TIAB] OR "self report rating scales"[TIAB] OR "mood and feelings questionnaire"[TIAB] OR "mood and feelings questionnaires"[TIAB] OR reynold*[TIAB] OR kutcher*[TIAB] OR "depression scale for children"[TIAB] OR "beck depression inventory"[TIAB] OR "beck depression inventories"[TIAB] OR "Center for Epidemiologic Studies Depression Scale"[TIAB] OR "Center for Epidemiologic Studies Depression Scales"[TIAB]))	545042
#3	Search (#1 and #2)	39657
#4	Search (#1 and #2) Filters: Preschool Child: 2-5 years	596
#5	Search (#1 and #2) Filters: Preschool Child: 2-5 years; Child: 6-12 years	2422
#6	Search (#1 and #2) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	8429
#7	Search (((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB])))	1247789
#8	Search (#3 AND #7)	5054
#9	Search (#6 OR #8)	10012
#10	Search (#6 OR #8) Filters: English	9404

Appendix B. Search Strategy and Detailed Methods

1/9/14 PubMed KQ5

Search	Query	Items found
1	Search ((Depressive Disorder[MeSH] OR Depressive Disorder, Major[MeSH] OR Depression[MeSH] OR depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB]))	345690
2	Search (Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent"[TIAB] OR "antidepressive agents"[TIAB]) OR ("antidepressive drug"[TIAB] OR "antidepressive drugs"[TIAB]) OR ("selective serotonin reuptake inhibitor"[TIAB] OR "selective serotonin reuptake inhibitors"[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloft[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB])	82780
3	Search (("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields]))	8271
4	Search ((Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy"[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups"[MeSH] OR ("self help"[TIAB]) OR Family Therapy[MeSH] OR ("family support"[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling"[MeSH] OR counsel*[TIAB] OR "Problem Solving"[MeSH] OR ("problem solving"[TIAB]))))	446537
5	Search ((#1 AND (#2 OR #3 OR #4)))	73782
6	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years	1135
7	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years; Child: 6-12 years	4732
8	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	12221
9	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	1190906
10	Search (#5 AND #9)	7835
11	Search (#8 OR #10)	14340
12	Search (#8 OR #10) Filters: Clinical Trial	3142
13	Search (#8 OR #10) Filters: Clinical Trial; Controlled Clinical Trial	3142
14	Search (#8 OR #10) Filters: Clinical Trial; Controlled Clinical Trial; Randomized Controlled Trial	3142
15	Search (((randomized[title/abstract] AND controlled[title/abstract] AND trial[title/abstract]) OR (controlled[title/abstract] AND trial[title/abstract]) OR "controlled clinical trial"[publication type] OR "Randomized Controlled Trial"[Publication Type] OR "Single-Blind Method"[MeSH] OR "Double-Blind Method"[MeSH] OR "Random Allocation"[MeSH]))	555543
16	Search (#11 AND #15)	2760
17	Search (#14 OR #16)	3427
18	Search (#14 OR #16) Filters: English	3285
19	Search (#14 OR #16) Filters: Publication date from 2012/04/01; English	376
20	Search (#19 AND (("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])))	3
21	Search (#19) Filters: Case Reports	0
22	Search (#19) Filters: Case Reports; Editorial	0
23	Search (#19) Filters: Case Reports; Editorial; Letter	0
24	Search (#19) Filters: Case Reports; Editorial; Letter; News	0
25	Search (#19 NOT #24)	376

Appendix B. Search Strategy and Detailed Methods

4/10/14 PubMed KQ5

Search	Query	Items found
1	Search ((Depressive Disorder[MeSH] OR Depressive Disorder, Major[MeSH] OR Depression[MeSH] OR depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB]))	351089
2	Search (Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent"[TIAB] OR "antidepressive agents"[TIAB]) OR ("antidepressive drug"[TIAB] OR "antidepressive drugs"[TIAB]) OR ("selective serotonin reuptake inhibitor"[TIAB] OR "selective serotonin reuptake inhibitors"[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR Luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloft[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB])	83888
3	Search (("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields]))	8425
4	Search ((Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy"[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups"[MeSH] OR ("self help"[TIAB]) OR Family Therapy[MeSH] OR ("family support"[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling"[MeSH] OR counsel*[TIAB] OR "Problem Solving"[MeSH] OR ("problem solving"[TIAB]))	455003
5	Search ((#1 AND (#2 OR #3 OR #4)))	75240
6	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years	1157
7	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years; Child: 6-12 years	4799
8	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	12440
9	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	1210445
10	Search (#5 AND #9)	8032
11	Search (#8 OR #10)	14651
12	Search (#8 OR #10) Filters: Clinical Trial	3210
13	Search (#8 OR #10) Filters: Clinical Trial; Controlled Clinical Trial	3210
14	Search (#8 OR #10) Filters: Clinical Trial; Controlled Clinical Trial; Randomized Controlled Trial	3210
15	Search (((randomized[title/abstract] AND controlled[title/abstract] AND trial[title/abstract]) OR (controlled[title/abstract] AND trial[title/abstract]) OR "controlled clinical trial"[publication type] OR "Randomized Controlled Trial"[Publication Type] OR "Single-Blind Method"[MeSH] OR "Double-Blind Method"[MeSH] OR "Random Allocation"[MeSH]))	563838
16	Search (#11 AND #15)	2831
17	Search (#14 OR #16)	3510
18	Search (#14 OR #16) Filters: English	3365
19	Search (#14 OR #16) Filters: Publication date from 2012/04/01; English	456
20	Search (#19 AND (("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])))	3
21	Search (#19) Filters: Case Reports	0
22	Search (#19) Filters: Case Reports; Editorial	0
23	Search (#19) Filters: Case Reports; Editorial; Letter	0
24	Search (#19) Filters: Case Reports; Editorial; Letter; News	0
25	Search (#19 NOT #24)	456
26	Search (#19) Filters: Publication date from 2013/01/01	255

Appendix B. Search Strategy and Detailed Methods

PubMed KQ5 update 10-14-14

Search	Query	Items found
#1	Search (Depressive Disorder[MeSH] OR Depressive Disorder, Major[MeSH] OR Depression[MeSH] OR depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB])	362065
#2	Search (Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent"[TIAB] OR "antidepressive agents"[TIAB]) OR ("antidepressive drug"[TIAB] OR "antidepressive drugs"[TIAB]) OR ("selective serotonin reuptake inhibitor"[TIAB] OR "selective serotonin reuptake inhibitors"[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zolof[tIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB])	86219
#3	Search (((("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields])))	8775
#4	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy"[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups"[MeSH] OR ("self help"[TIAB]) OR Family Therapy[MeSH] OR ("family support"[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling"[MeSH] OR counsel*[TIAB] OR "Problem Solving"[MeSH] OR ("problem solving"[TIAB])))	472109
#5	Search (#1 AND (#2 OR #3 OR #4))	78339
#6	Search (#1 AND (#2 OR #3 OR #4)) Filters: Preschool Child: 2-5 years	1196
#7	Search (#1 AND (#2 OR #3 OR #4)) Filters: Preschool Child: 2-5 years; Child: 6-12 years	4971
#8	Search (#1 AND (#2 OR #3 OR #4)) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	12885
#9	Search (((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB])))	1247789
#10	Search ((#5 AND #9))	8423
#11	Search ((#8 OR #10))	15258
#12	Search ((#8 OR #10)) Filters: Clinical Trial	3355
#13	Search ((#8 OR #10)) Filters: Clinical Trial; Controlled Clinical Trial	3355
#14	Search ((#8 OR #10)) Filters: Clinical Trial; Controlled Clinical Trial; Randomized Controlled Trial	3355
#15	Search (((((randomized[title/abstract] AND controlled[title/abstract] AND trial[title/abstract]) OR (controlled[title/abstract] AND trial[title/abstract]) OR "controlled clinical trial"[publication type] OR "Randomized Controlled Trial"[Publication Type] OR "Single-Blind Method"[MeSH] OR "Double-Blind Method"[MeSH] OR "Random Allocation"[MeSH])))	580738
#16	Search (#11 and #15)	2966
#17	Search (#14 OR #16)	3672
#18	Search (#14 OR #16) Filters: English	3521
#19	Search (#14 OR #16) Filters: Publication date from 2013/01/13; English	380
#20	Search (#19 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	0
#21	Search (#14 OR #16) Filters: Case Reports; Publication date from 2013/01/13; English	0
#22	Search (#14 OR #16) Filters: Editorial; Publication date from 2013/01/13; English	0
#23	Search (#14 OR #16) Filters: Letter; Publication date from 2013/01/13; English	0
#24	Search (#14 OR #16) Filters: News; Publication date from 2013/01/13; English	0
#25	Search (#19 NOT (#21 OR #22 OR #23 OR #24))	380

Appendix B. Search Strategy and Detailed Methods

2/4/15 PubMed KQ5

Search	Query	Items found
#1	Search ((Depressive Disorder[MeSH] OR Depressive Disorder, Major[MeSH] OR Depression[MeSH] OR depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB]))	368353
#2	Search ((Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent"[TIAB] OR "antidepressive agents"[TIAB]) OR ("antidepressive drug"[TIAB] OR "antidepressive drugs"[TIAB]) OR ("selective serotonin reuptake inhibitor"[TIAB] OR "selective serotonin reuptake inhibitors"[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zolof[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB]))	87539
#3	Search (((("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields])))	8988
#4	Search ((Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy"[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups"[MeSH] OR ("self help"[TIAB]) OR Family Therapy[MeSH] OR ("family support"[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling"[MeSH] OR counsel*[TIAB] OR "Problem Solving"[MeSH] OR ("problem solving"[TIAB]))))	481886
#5	Search ((#1 AND (#2 OR #3 OR #4)))	80140
#6	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years	1220
#7	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years; Child: 6-12 years	5075
#8	Search ((#1 AND (#2 OR #3 OR #4))) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	13188
#9	Search (((((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB])))	1268997
#10	Search (((#5 AND #9)))	8669
#11	Search (((#8 OR #10)))	15661
#12	Search (((#8 OR #10))) Filters: Clinical Trial	3462
#13	Search (((#8 OR #10))) Filters: Clinical Trial; Controlled Clinical Trial	3462
#14	Search (((#8 OR #10))) Filters: Clinical Trial; Controlled Clinical Trial; Randomized Controlled Trial	3462
#15	Search ((((((randomized[title/abstract] AND controlled[title/abstract] AND trial[title/abstract]) OR (controlled[title/abstract] AND trial[title/abstract]) OR "controlled clinical trial"[publication type] OR "Randomized Controlled Trial"[Publication Type] OR "Single-Blind Method"[MeSH] OR "Double-Blind Method"[MeSH] OR "Random Allocation"[MeSH])))	590916
#16	Search ((#11 and #15))	3071
#17	Search ((#14 OR #16))	3795
#18	Search ((#14 OR #16)) Filters: English	3642
#19	Search ((#14 OR #16)) Filters: Publication date from 2014/10/01; English	41
#20	Search ((#19 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])))	0
#21	Search ((#14 OR #16)) Filters: Case Reports	30
#22	Search ((#14 OR #16)) Filters: Case Reports; Publication date from 2014/10/01	0
#23	Search ((#14 OR #16)) Filters: Case Reports; Publication date from 2014/10/01; English	0
#24	Search ((#14 OR #16)) Schema: all Filters: Case Reports; Publication date from 2014/10/01; English	0
#25	Search ((#14 OR #16)) Filters: Case Reports; Editorial; Publication date from 2014/10/01;	0

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	English	
#26	Search ((#14 OR #16)) Schema: all Filters: Case Reports; Editorial; Publication date from 2014/10/01; English	0
#27	Search ((#14 OR #16)) Filters: Case Reports; Editorial; Letter; Publication date from 2014/10/01; English	0
#28	Search ((#14 OR #16)) Schema: all Filters: Case Reports; Editorial; Letter; Publication date from 2014/10/01; English	0
#29	Search ((#14 OR #16)) Filters: Case Reports; Editorial; Letter; News; Publication date from 2014/10/01; English	0
#30	Search ((#14 OR #16)) Schema: all Filters: Case Reports; Editorial; Letter; News; Publication date from 2014/10/01; English	0
#31	Search (#19 NOT #30)	41

4/1/13 PubMed KQ6

Search	Query	Items found
1	Search "Depressive Disorder" <input type="checkbox"/> [MeSH]	76215
2	Search Depression[MeSH]	142442
3	Search "Depressive Disorder, Major" <input type="checkbox"/> [MeSH]	17000
4	Search depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB]	295528
5	Search ((#1 OR #2 OR #3 OR #4))	331041
6	Search (Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent" OR ("antidepressive drug" reuptake inhibitor" <input type="checkbox"/> [MeSH] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zolof[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB])	79849
7	Search (#1 OR #3 OR #4)	312049
8	Search (#6 AND #7)	37390
9	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy" <input type="checkbox"/> [MeSH] (intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups" Therapy[MeSH] OR ("family support" <input type="checkbox"/> [T] Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling" <input type="checkbox"/> [Me] counsel*[TIAB] OR "Problem Solving" <input type="checkbox"/> [MeSH] OR ("	424720
10	Search ((#5 AND #9))	37826
11	Search (#8 OR #10)	67452
12	Search (#8 OR #10) Filters: Preschool Child: 2-5 years	1083
13	Search (#8 OR #10) Filters: Preschool Child: 2-5 years; Child: 6-12 years	4518
14	Search (#8 OR #10) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	11655
15	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	1137683
16	Search (#11 AND #15)	7247
17	Search (#14 OR #16)	13398
18	Search (Harm*[TIAB] OR (adverse effects[SH]) OR (chemically induced[SH]) OR (drug effects[SH]) OR mortality[SH] OR poisoning[SH] OR toxicity[SH] OR (adverse effect*[TIAB]) OR (adverse event*[TIAB]) OR (adverse reaction*[TIAB]) OR (Adverse Drug Reaction Reporting Systems[MeSH]) OR (Drug Toxicity[MeSH]) OR Drug Hypersensitivity[MeSH] OR	4513172

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	Death[MeSH] OR death[TIAB] OR death*[TIAB] OR Suicide[MeSH] OR Suicide, Attempted[MeSH] OR suicide[TIAB] OR suicidal*[TIAB] OR mania[TIAB] OR (manic episode*[TIAB]) OR overdos*[TW] OR (self damage*[TIAB]) OR (self injur*[TIAB]) OR (self injurious behavior[MeSH]) OR (self inflict*[TIAB]))	
19	Search (#17 AND #18)	4400
20	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh]))	7453
21	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years	89
22	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years; Child: 6-12 years	544
23	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	1301
24	Search (#20 AND #15)	567
25	Search (#23 OR #24)	1392
26	Search (#19 OR #25)	5021
27	Search (#19 OR #25) Filters: English	4592
28	Search (#19 OR #25) Filters: Humans; English	4423
29	Search (#19 OR #25) Filters: Other Animals; English	127
30	Search (#29 NOT #28)	55
31	Search (#27 NOT #30)	4537

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
32	Search (#27 NOT #30) Filters: Publication date from 2006/11/01	1819
33	Search (((("serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields])))	7765
34	Search (#33 AND #7)	3203
35	Search (#33 AND #7) Filters: Preschool Child: 2-5 years	8
36	Search (#33 AND #7) Filters: Preschool Child: 2-5 years; Child: 6-12 years	77
37	Search (#33 AND #7) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	376
38	Search (#34 AND #15)	143
39	Search (#37 OR #38)	420
40	Search (#39 AND #18)	264
41	Search (#39 AND #18) Filters: English	251
42	Search (#39 AND #18) Filters: Humans; English	244
43	Search (#39 AND #18) Filters: Other Animals; English	3
44	Search (#43 NOT #42)	2
45	Search (#41 NOT #44)	249
46	Search (#32 OR #45)	1920
47	Search (#32 OR #45) Filters: Case Reports	116
48	Search (#32 OR #45) Filters: Case Reports; Editorial	137
49	Search (#32 OR #45) Filters: Case Reports; Editorial; Letter	166
50	Search (#32 OR #45) Filters: Case Reports; Editorial; Letter; News	171
51	Search (#46 NOT #50)	1749
52	Search (#51 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	14

1/9/14 PubMed KQ6

Search	Query	Items found
1	Search "Depressive Disorder"[MeSH]	77630
2	Search Depression[MeSH]	145669
3	Search "Depressive Disorder, Major"[MeSH]	17594
4	Search depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB]	309814
5	Search ((#1 OR #2 OR #3 OR #4))	345809
6	Search (Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent"[TIAB] OR "antidepressive agents"[TIAB]) OR ("antidepressive drug"[TIAB] OR "antidepressive drugs"[TIAB]) OR ("selective serotonin reuptake inhibitor"[TIAB] OR "selective serotonin reuptake inhibitors"[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zolof[MeSH] OR zolof[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB] OR "serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields])	85218
7	Search (#1 OR #3 OR #4)	326541
8	Search (#6 AND #7)	39331
9	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy"[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups"[MeSH] OR ("self help"[TIAB]) OR Family	446774

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	Therapy[MeSH] OR ("family support"[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling"[MeSH] OR counsel*[TIAB] OR "Problem Solving"[MeSH] OR ("problem solving"[TIAB]))	
10	Search ((#5 AND #9))	40333
11	Search (#8 OR #10)	71426
12	Search (#8 OR #10) Filters: Preschool Child: 2-5 years	1107
13	Search (#8 OR #10) Filters: Preschool Child: 2-5 years; Child: 6-12 years	4628
14	Search (#8 OR #10) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	11981
15	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	1191518
16	Search (#11 AND #15)	7771
17	Search (#14 OR #16)	14090
18	Search (Harm*[TIAB] OR (adverse effects[SH]) OR (chemically induced[SH]) OR (drug effects[SH]) OR mortality[SH] OR poisoning[SH] OR toxicity[SH] OR (adverse effect*[TIAB]) OR (adverse event*[TIAB]) OR (adverse reaction*[TIAB]) OR (Adverse Drug Reaction Reporting Systems[MeSH]) OR (Drug Toxicity[MeSH]) OR Drug Hypersensitivity[MeSH] OR Death[MeSH] OR death[TIAB] OR death*[TIAB] OR Suicide[MeSH] OR Suicide, Attempted[MeSH] OR suicide[TIAB] OR suicidal*[TIAB] OR mania[TIAB] OR (manic episode*[TIAB]) OR overdos*[TW] OR (self damage*[TIAB]) OR (self injur*[TIAB]) OR (self injurious behavior[MeSH]) OR (self inflict*[TIAB]))	4621574
19	Search (#17 AND #18)	4593
20	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh]))	7579
21	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years	93
22	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years; Child: 6-12 years	555
23	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents,	1325

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	
24	Search (#20 AND #15)	584
25	Search (#23 OR #24)	1422
26	Search (#19 OR #25)	5231
27	Search (#19 OR #25) Filters: English	4795
28	Search (#19 OR #25) Filters: Humans; English	4561
29	Search (#19 OR #25) Filters: Other Animals; English	136
30	Search (#29 NOT #28)	62
31	Search (#27 NOT #30)	4733
32	Search (#27 NOT #30) Filters: Publication date from 2012/04/01	464
33	Search (#32) Filters: Case Reports	9
34	Search (#32) Filters: Case Reports; Editorial	14
35	Search (#32) Filters: Case Reports; Editorial; Letter	16
36	Search (#32) Filters: Case Reports; Editorial; Letter; News	16
37	Search (#32 NOT #36)	448
38	Search (#37 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	1

4/10/14 PubMed KQ6

Search	Query	Items found
1	Search "Depressive Disorder"[MeSH]	78458
2	Search Depression[MeSH]	147734
3	Search "Depressive Disorder, Major"[MeSH]	17966
4	Search depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB]	314794
5	Search ((#1 OR #2 OR #3 OR #4))	351089
6	Search (Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent"[TIAB] OR "antidepressive agents"[TIAB]) OR ("antidepressive drug"[TIAB] OR "antidepressive drugs"[TIAB]) OR ("selective serotonin reuptake inhibitor"[TIAB] OR "selective serotonin reuptake inhibitors"[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR Luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloff[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB] OR "serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields])	86352
7	Search (#1 OR #3 OR #4)	331641
8	Search (#6 AND #7)	39943
9	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy"[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups"[MeSH] OR ("self help"[TIAB]) OR Family Therapy[MeSH] OR ("family support"[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR	455003

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling"[MeSH] OR counsel*[TIAB] OR "Problem Solving"[MeSH] OR ("problem solving"[TIAB]))	
10	Search ((#5 AND #9))	41292
11	Search (#8 OR #10)	72828
12	Search (#8 OR #10) Filters: Preschool Child: 2-5 years	1129
13	Search (#8 OR #10) Filters: Preschool Child: 2-5 years; Child: 6-12 years	4693
14	Search (#8 OR #10) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	12186
15	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	1210445
16	Search (#11 AND #15)	7958
17	Search (#14 OR #16)	14383
18	Search (Harm*[TIAB] OR (adverse effects[SH]) OR (chemically induced[SH]) OR (drug effects[SH]) OR mortality[SH] OR poisoning[SH] OR toxicity[SH] OR (adverse effect*[TIAB]) OR (adverse event*[TIAB]) OR (adverse reaction*[TIAB]) OR (Adverse Drug Reaction Reporting Systems[MeSH]) OR (Drug Toxicity[MeSH]) OR Drug Hypersensitivity[MeSH] OR Death[MeSH] OR death[TIAB] OR death*[TIAB] OR Suicide[MeSH] OR Suicide, Attempted[MeSH] OR suicide[TIAB] OR suicidal*[TIAB] OR mania[TIAB] OR (manic episode*[TIAB]) OR overdos*[TW] OR (self damage*[TIAB]) OR (self injur*[TIAB]) OR (self injurious behavior[MeSH]) OR (self inflict*[TIAB]))	4675778
19	Search (#17 AND #18)	4664
20	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh]))	7671
21	Search (#20) Filters: Preschool Child: 2-5 years	94
22	Search (#20) Filters: Preschool Child: 2-5 years; Child: 6-12 years	557
23	Search (#20) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	1337
24	Search (#20 AND #15)	592
25	Search (#23 OR #24)	1438
26	Search (#19 OR #25)	5312
27	Search (#19 OR #25) Filters: English	4872
28	Search (#19 OR #25) Filters: Humans; English	4629
29	Search (#19 OR #25) Filters: Other Animals; English	145
30	Search (#29 NOT #28)	68
31	Search (#27 NOT #30)	4804
32	Search (#27 NOT #30) Filters: Publication date from 2012/04/01	532
33	Search (#32) Filters: Case Reports	14
34	Search (#32) Filters: Case Reports; Editorial	19
35	Search (#32) Filters: Case Reports; Editorial; Letter	21
36	Search (#32) Filters: Case Reports; Editorial; Letter; News	21
37	Search (#32 NOT #36)	511
38	Search (#37 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	1
39	Search ((#32 NOT #36)) Filters: Publication date from 2013/01/01	305

Appendix B. Search Strategy and Detailed Methods

10/16/14 PubMed KQ6

Search	Query	Items found
#1	Search "Depressive Disorder"[MeSH]	80507
#2	Search Depression[MeSH]	152543
#3	Search "Depressive Disorder, Major"[MeSH]	18886
#4	Search (depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB])	325303
#5	Search (#1 OR #2 OR #3 OR #4)	362214
#6	Search (Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent"[TIAB] OR "antidepressive agents"[TIAB]) OR ("antidepressive drug"[TIAB] OR "antidepressive drugs"[TIAB]) OR ("selective serotonin reuptake inhibitor"[TIAB] OR "selective serotonin reuptake inhibitors"[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zoloff[TIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB] OR "serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields])	88839
#7	Search (1 OR #3 OR #4)	8480263
#8	Search (#6 and #7)	58431
#9	Search (Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy"[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups"[MeSH] OR ("self help"[TIAB]) OR Family Therapy[MeSH] OR ("family support"[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling"[MeSH] OR counsel*[TIAB] OR "Problem Solving"[MeSH] OR ("problem solving"[TIAB])	472359
#10	Search (#5 and #9)	43387
#11	Search (#8 or #10)	93227
#12	Search (#8 or #10) Filters: Preschool Child: 2-5 years	1461
#13	Search (#8 or #10) Filters: Preschool Child: 2-5 years; Child: 6-12 years	5590
#14	Search (#8 or #10) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	14315
#15	Search (Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB])	1248287
#16	Search (#11 and #15)	9201
#17	Search (#14 or #16)	16944
#18	Search (Harm*[TIAB] OR (adverse effects[SH]) OR (chemically induced[SH]) OR (drug effects[SH]) OR mortality[SH] OR poisoning[SH] OR toxicity[SH] OR (adverse effect*[TIAB]) OR (adverse event*[TIAB]) OR (adverse reaction*[TIAB]) OR (Adverse Drug Reaction Reporting Systems[MeSH]) OR (Drug Toxicity[MeSH]) OR Drug Hypersensitivity[MeSH] OR Death[MeSH] OR death[TIAB] OR death*[TIAB] OR Suicide[MeSH] OR Suicide, Attempted[MeSH] OR suicide[TIAB] OR suicidal*[TIAB] OR mania[TIAB] OR (manic episode*[TIAB]) OR overdos*[TW] OR (self damage*[TIAB]) OR (self injur*[TIAB]) OR (self injurious behavior[MeSH]) OR (self inflict*[TIAB])	4786102
#19	Search (#17 and #18)	5844
#20	Search ("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse	7848

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh]))	
#21	Search ("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years	97
#22	Search ("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years; Child: 6-12 years	567
#23	Search ("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	1359
#24	Search (#20 and #15)	607
#25	Search (#23 or #24)	1464
#26	Search (#19 or #25)	6317
#27	Search (#19 or #25) Filters: English	5817
#28	Search (#19 or #25) Filters: Humans; English	5471
#29	Search (#19 or #25) Filters: Other Animals	222
#30	Search (#19 or #25) Filters: Other Animals; English	215
#31	Search (#29 not #28)	120
#32	Search (#27 not #30)	5602
#33	Search (#27 not #30) Filters: Publication date from 2013/01/13	474
#34	Search (#27 not #30) Filters: Case Reports; Publication date from 2013/01/13	15
#35	Search (#27 not #30) Filters: Case Reports; Editorial; Publication date from 2013/01/13	16
#36	Search (#27 not #30) Filters: Case Reports; Editorial; Letter; Publication date from 2013/01/13	17
#37	Search (#27 not #30) Filters: Case Reports; Editorial; Letter; News; Publication date from 2013/01/13	17
#38	Search (#33 not #37)	457
#39	Search (#38 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt]))	1

Appendix B. Search Strategy and Detailed Methods

2/4/15 PubMed KQ6

Search	Query	Items found
#1	Search "Depressive Disorder"[MeSH]	81699
#2	Search Depression[MeSH]	155405
#3	Search "Depressive Disorder, Major"[MeSH]	19432
#4	Search ((depress*[TIAB] OR depression[TIAB] OR depressive[TIAB] OR depressed[TIAB]))	331123
#5	Search ((#1 OR #2 OR #3 OR #4))	368353
#6	Search ((Antidepressive Agents, Second-Generation[MeSH] OR Serotonin Uptake Inhibitors[MeSH] OR Antidepressive Agents[MeSH] OR antidepressant*[TIAB] OR antidepressives[TIAB] OR ("antidepressive agent"[TIAB] OR "antidepressive agents"[TIAB]) OR ("antidepressive drug"[TIAB] OR "antidepressive drugs"[TIAB]) OR ("selective serotonin reuptake inhibitor"[TIAB] OR "selective serotonin reuptake inhibitors"[TIAB]) OR ssri[TIAB] OR ssris[TIAB] OR Fluoxetine[MeSH] OR fluoxetine[TIAB] OR Prozac[TIAB] OR Fluvoxamine[MeSH] OR fluvoxamine[TIAB] OR luvox[TIAB] OR Paroxetine[MeSH] OR paroxetine[TIAB] OR paxil[TIAB] OR Sertraline[MeSH] OR sertraline[TIAB] OR Zolof[tIAB] OR Citalopram[MeSH] OR citalopram[TIAB] OR celexa[TIAB] OR escitalopram[TIAB] OR Lexapro[TIAB] OR "serotonin norepinephrine reuptake inhibitors"[All Fields] OR snri*[All Fields] OR "norepinephrine reuptake inhibitors"[all fields] OR venlafaxine[Supplementary Concept] OR venlafaxine[All Fields] OR duloxetine[Supplementary Concept] OR duloxetine[All Fields] OR Bupropion[MeSH] OR Bupropion[All Fields]))	90215
#7	Search ((1 OR #3 OR #4))	8584830
#8	Search ((#6 and #7))	58468
#9	Search ((Psychotherapy[MeSH] OR Psychotherapy, Brief[MeSH] OR Psychotherapy, Group[MeSH] OR psychotherapy*[TIAB] OR Cognitive Therapy[MeSH] OR (cognitive[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR "Behavior Therapy"[MeSH] OR (behavior*[TIAB] AND (therap*[TIAB] OR treatment*[TIAB] OR intervention*[TIAB])) OR (interpersonal[TIAB] AND therap*[TIAB]) OR (interpersonal[TIAB] AND intervention*[TIAB]) OR "Self-Help Groups"[MeSH] OR ("self help"[TIAB]) OR Family Therapy[MeSH] OR ("family support"[TIAB]) OR (parent*[TIAB] AND education[TIAB]) OR Parents/education[MeSH] OR Counseling[MeSH] OR "Directive Counseling"[MeSH] OR counsel*[TIAB] OR "Problem Solving"[MeSH] OR ("problem solving"[TIAB]))	481886
#10	Search ((#5 and #9))	44587
#11	Search ((#8 or #10))	94272
#12	Search ((#8 or #10)) Filters: Preschool Child: 2-5 years	1481
#13	Search ((#8 or #10)) Filters: Preschool Child: 2-5 years; Child: 6-12 years	5659
#14	Search ((#8 or #10)) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	14557
#15	Search ((Children*[TIAB] OR childhood[TIAB] OR teen[TIAB] OR teens[TIAB] OR teenage*[TIAB] OR pediatric*[TIAB] OR paediatric*[TIAB] OR adolescen*[TIAB] OR boys[TIAB] OR girls[TIAB] OR youth[TIAB] OR youths[TIAB] OR child[TIAB]))	1268997
#16	Search ((#11 and #15))	9436
#17	Search ((#14 or #16))	17297
#18	Search ((Harm*[TIAB] OR (adverse effects[SH]) OR (chemically induced[SH]) OR (drug effects[SH]) OR mortality[SH] OR poisoning[SH] OR toxicity[SH] OR (adverse effect*[TIAB]) OR (adverse event*[TIAB]) OR (adverse reaction*[TIAB]) OR (Adverse Drug Reaction Reporting Systems[MeSH]) OR (Drug Toxicity[MeSH]) OR Drug Hypersensitivity[MeSH] OR Death[MeSH] OR death[TIAB] OR death*[TIAB] OR Suicide[MeSH] OR Suicide, Attempted[MeSH] OR suicide[TIAB] OR suicidal*[TIAB] OR mania[TIAB] OR (manic episode*[TIAB]) OR overdos*[TW] OR (self damage*[TIAB]) OR (self injur*[TIAB]) OR (self injurious behavior[MeSH]) OR (self inflict*[TIAB]))	4849827
#19	Search ((#17 and #18))	5921
#20	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse	7925

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh]))	
#21	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years	97
#22	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years; Child: 6-12 years	572
#23	Search (("Antidepressive Agents, Second-Generation/adverse effects"[Mesh] OR "Antidepressive Agents, Second-Generation/poisoning"[Mesh] OR "Antidepressive Agents, Second-Generation/toxicity"[Mesh] OR "Serotonin Uptake Inhibitors/adverse effects"[Mesh] OR "Serotonin Uptake Inhibitors/poisoning"[Mesh] OR "Serotonin Uptake Inhibitors/toxicity"[Mesh] OR "Fluoxetine/adverse effects"[Mesh] OR "Fluoxetine/poisoning"[Mesh] OR "Fluoxetine/toxicity"[Mesh] OR "Fluvoxamine /adverse effects"[Mesh] OR "Fluvoxamine /poisoning"[Mesh] OR "Fluvoxamine /toxicity"[Mesh] OR "Paroxetine /adverse effects"[Mesh] OR "Paroxetine /poisoning"[Mesh] OR "Paroxetine /toxicity"[Mesh] OR "Sertraline /adverse effects"[Mesh] OR "Sertraline /poisoning"[Mesh] OR "Sertraline /toxicity"[Mesh] OR "Citalopram /adverse effects"[Mesh] OR "Citalopram /poisoning"[Mesh] OR "Citalopram /toxicity"[Mesh])) Filters: Preschool Child: 2-5 years; Child: 6-12 years; Adolescent: 13-18 years	1375
#24	Search ((#20 and #15))	617
#25	Search ((#23 or #24))	1484
#26	Search ((#19 or #25))	6401
#27	Search ((#19 or #25)) Filters: English	5896
#28	Search ((#19 or #25)) Filters: Humans; English	5529
#29	Search ((#19 or #25)) Filters: Other Animals	231
#30	Search ((#19 or #25)) Filters: Other Animals; English	223
#31	Search ((#29 not #28))	128
#32	Search ((#27 not #30))	5673
#33	Search ((#27 not #30)) Filters: Publication date from 2014/10/01	89
#34	Search ((#27 not #30)) Filters: Case Reports; Publication date from 2014/10/01	1
#35	Search ((#27 not #30)) Filters: Case Reports; Editorial; Publication date from 2014/10/01	1
#36	Search ((#27 not #30)) Filters: Case Reports; Editorial; Letter; Publication date from 2014/10/01	1
#37	Search ((#27 not #30)) Filters: Case Reports; Editorial; Letter; News; Publication date from 2014/10/01	1
#38	Search ((#33 not #37))	88
#39	Search ((#38 AND ("retraction"[All Fields] OR "Retracted Publication"[pt] OR Comment[pt] OR "Published Erratum"[pt] OR "Duplicate Publication"[pt])))	0

Appendix B. Search Strategy and Detailed Methods

5/23/13 Cochrane Systematic Reviews and Meta-Analyses

ID	Search	Results
#1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	30413
#2	MeSH descriptor: [Depression] explode all trees	4611
#3	MeSH descriptor: [Depressive Disorder] explode all trees	6747
#4	MeSH descriptor: [Depression, Postpartum] explode all trees	245
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2040
#6	MeSH descriptor: [Dysthymic Disorder] explode all trees	129
#7	MeSH descriptor: [Seasonal Affective Disorder] explode all trees	136
#8	#1 or #2 or #3 or #4 or #5 or #6 or #7	30413
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	118897
#10	#8 and #9	4924
#11	#8 and #9 from 2005	2266
#12	#8 and #9 from 2005, in Cochrane Reviews (Reviews and Protocols) and Other Reviews	388
#13	MeSH descriptor: [Mass Screening] explode all trees	4448
#14	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	30641
#15	#13 or #14	31575
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1145
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2179
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4493
#19	MeSH descriptor: [Fluoxetine] explode all trees	1126
#20	MeSH descriptor: [Fluvoxamine] explode all trees	350
#21	MeSH descriptor: [Paroxetine] explode all trees	735
#22	MeSH descriptor: [Sertraline] explode all trees	574
#23	MeSH descriptor: [Citalopram] explode all trees	692
#24	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab	11062
#25	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24	12577
#26	MeSH descriptor: [Psychotherapy] explode all trees	13484
#27	MeSH descriptor: [Psychotherapy, Brief] explode all trees	595
#28	MeSH descriptor: [Psychotherapy, Group] explode all trees	2159
#29	MeSH descriptor: [Cognitive Therapy] explode all trees	4107
#30	MeSH descriptor: [Behavior Therapy] explode all trees	8983
#31	MeSH descriptor: [Self-Help Groups] explode all trees	575
#32	MeSH descriptor: [Family Therapy] explode all trees	621
#33	MeSH descriptor: [Counseling] explode all trees	2759
#34	MeSH descriptor: [Directive Counseling] explode all trees	212
#35	MeSH descriptor: [Problem Solving] explode all trees	1065
#36	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	33077
#37	#26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36	40412
#38	#12 and (#15 or #25 or #37)	331
#39	MeSH descriptor: [Bupropion] explode all trees	458

Appendix B. Search Strategy and Detailed Methods

ID	Search	Results
#40	serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	2431
#41	#39 or #40	2431
#42	#10 and #41	167
#43	#10 and #41 in Cochrane Reviews (Reviews and Protocols) and Other Reviews	35
#44	#38 or #43	337

1/11/14 Cochrane Systematic Reviews and Meta-Analyses

ID	Search	Results
#1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	32427
#2	MeSH descriptor: [Depression] explode all trees	4873
#3	MeSH descriptor: [Depressive Disorder] explode all trees	7019
#4	MeSH descriptor: [Depression, Postpartum] explode all trees	258
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2180
#6	MeSH descriptor: [Dysthymic Disorder] explode all trees	132
#7	MeSH descriptor: [Seasonal Affective Disorder] explode all trees	136
#8	#1 or #2 or #3 or #4 or #5 or #6 or #7	32427
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	123985
#10	#8 and #9	5182
#11	#8 and #9 from 2012	450
#12	#8 and #9 from 2012, in Cochrane Reviews (Reviews and Protocols) and Other Reviews	158
#13	MeSH descriptor: [Mass Screening] explode all trees	4646
#14	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	31046
#15	#13 or #14	32035
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1211
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2298
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4715
#19	MeSH descriptor: [Fluoxetine] explode all trees	1158
#20	MeSH descriptor: [Fluvoxamine] explode all trees	362
#21	MeSH descriptor: [Paroxetine] explode all trees	770
#22	MeSH descriptor: [Sertraline] explode all trees	612
#23	MeSH descriptor: [Citalopram] explode all trees	775
#24	MeSH descriptor: [Bupropion] explode all trees	495
#25	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zolof:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	13267
#26	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25	14530
#27	MeSH descriptor: [Psychotherapy] explode all trees	14110
#28	MeSH descriptor: [Psychotherapy, Brief] explode all trees	624
#29	MeSH descriptor: [Psychotherapy, Group] explode all trees	2229
#30	MeSH descriptor: [Cognitive Therapy] explode all trees	4359
#31	MeSH descriptor: [Behavior Therapy] explode all trees	9400
#32	MeSH descriptor: [Self-Help Groups] explode all trees	598
#33	MeSH descriptor: [Family Therapy] explode all trees	643

Appendix B. Search Strategy and Detailed Methods

ID	Search	Results
#34	MeSH descriptor: [Counseling] explode all trees	2949
#35	MeSH descriptor: [Directive Counseling] explode all trees	264
#36	MeSH descriptor: [Problem Solving] explode all trees	1096
#37	psychotherapy*.ti,ab or (cognitive:ti,ab and (therap*.ti,ab or treatment*.ti,ab or intervention*.ti,ab)) or (behavior*.ti,ab and (therap*.ti,ab or treatment*.ti,ab or intervention*.ti,ab)) or interpersonal therap*.ti,ab or interpersonal intervention*.ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*.ti,ab or problem solving:ti,ab	35150
#38	#27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37	42804
#39	#12 and (#15 or #26 or #38)	140

4/10/14 Cochrane Systematic Reviews and Meta-Analyses

ID	Search	Hits
#1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	34903
#2	MeSH descriptor: [Depression] explode all trees	5344
#3	MeSH descriptor: [Depressive Disorder] explode all trees	7415
#4	MeSH descriptor: [Depression, Postpartum] explode all trees	293
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2367
#6	MeSH descriptor: [Dysthymic Disorder] explode all trees	136
#7	MeSH descriptor: [Seasonal Affective Disorder] explode all trees	139
#8	#1 or #2 or #3 or #4 or #5 or #6 or #7	34903
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*.ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*.ti,ab,kw	132833
#10	#8 and #9	5624
#11	#8 and #9 from 2012	841
#12	#8 and #9 from 2012, in Cochrane Reviews (Reviews and Protocols) and Other Reviews	173
#13	MeSH descriptor: [Mass Screening] explode all trees	4874
#14	screen*.ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*.ti,ab or child* depression scale*.ti,ab or child* depression rating scale*.ti,ab or child* self report rating scale*.ti,ab or mood and feelings questionnaire*.ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*.ti,ab or depression scale for children*.ti,ab or beck depression inventor*.ti,ab or Center for Epidemiologic Studies Depression Scale*.ti,ab	34805
#15	#13 or #14	35853
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1226
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2356
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4870
#19	MeSH descriptor: [Fluoxetine] explode all trees	1171
#20	MeSH descriptor: [Fluvoxamine] explode all trees	362
#21	MeSH descriptor: [Paroxetine] explode all trees	774
#22	MeSH descriptor: [Sertraline] explode all trees	621
#23	MeSH descriptor: [Citalopram] explode all trees	785
#24	MeSH descriptor: [Bupropion] explode all trees	518
#25	antidepressant*.ti,ab or antidepressives:ti,ab or antidepressive agent*.ti,ab or antidepressive drug*.ti,ab or selective serotonin reuptake inhibitor*.ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	13959
#26	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25	15276
#27	MeSH descriptor: [Psychotherapy] explode all trees	15469
#28	MeSH descriptor: [Psychotherapy, Brief] explode all trees	685
#29	MeSH descriptor: [Psychotherapy, Group] explode all trees	2415

Appendix B. Search Strategy and Detailed Methods

ID	Search	Hits
#30	MeSH descriptor: [Cognitive Therapy] explode all trees	4916
#31	MeSH descriptor: [Behavior Therapy] explode all trees	10328
#32	MeSH descriptor: [Self-Help Groups] explode all trees	641
#33	MeSH descriptor: [Family Therapy] explode all trees	680
#34	MeSH descriptor: [Counseling] explode all trees	3251
#35	MeSH descriptor: [Directive Counseling] explode all trees	351
#36	MeSH descriptor: [Problem Solving] explode all trees	1194
#37	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	39380
#38	#27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37	47714
#39	#12 and (#15 or #26 or #38)	153
#85	#12 and (#15 or #26 or #38); Publication Date from 2013	82

10/15/14 Cochrane Systematic Reviews and Meta-Analyses

ID	Search	Hits
#1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	36058
#2	[mh Depression]	5444
#3	[mh "Depressive Disorder"]	7512
#4	[mh "Depression, Postpartum"]	301
#5	[mh "Depressive Disorder, Major"]	2407
#6	[mh "Dysthymic Disorder"]	136
#7	[mh "Seasonal Affective Disorder"]	139
#8	#1 or #2 or #3 or #4 or #5 or #6 or #7	36058
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	136034
#10	#8 and #9 Publication Year from 2014 to 2014	144
#11	#10 in Cochrane Reviews (Reviews and Protocols) and Other Reviews	43
#12	[mh "Mass Screening"]	4996
#13	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	36083
#14	#12 or #13	37151
#15	[mh "Antidepressive Agents, Second-Generation"]	1233
#16	[mh "Serotonin Uptake Inhibitors"]	2381
#17	[mh "Antidepressive Agents"]	4903
#18	[mh Fluoxetine]	1177
#19	[mh Fluvoxamine]	362
#20	[mh Paroxetine]	775
#21	[mh Sertraline]	628
#22	[mh Citalopram]	794
#23	[mh Bupropion]	524
#24	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	14245
#25	#15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24	15574
#26	[mh Psychotherapy]	15725

Appendix B. Search Strategy and Detailed Methods

ID	Search	Hits
#27	[mh "Psychotherapy, Brief"]	700
#28	[mh "Psychotherapy, Group"]	2440
#29	[mh "Cognitive Therapy"]	5037
#30	[mh "Behavior Therapy"]	10509
#31	[mh "Self-Help Groups"]	651
#32	[mh "Family Therapy"]	692
#33	[mh Counseling]	3306
#34	[mh "Directive Counseling"]	371
#35	[mh "Problem Solving"]	1199
#36	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	41027
#37	#26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36	49494
#38	#11 and (#14 or #25 or #37)	42

2/4/15 Cochrane Library Systematic Reviews and Meta-Analyses

ID	Search	Hits
#1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	37958
#2	[mh Depression]	5520
#3	[mh "Depressive Disorder"]	7607
#4	[mh "Depression, Postpartum"]	313
#5	[mh "Depressive Disorder, Major"]	2447
#6	[mh "Dysthymic Disorder"]	138
#7	[mh "Seasonal Affective Disorder"]	139
#8	#1 or #2 or #3 or #4 or #5 or #6 or #7	37958
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	140405
#10	#8 and #9 Publication Year from 2014 to 2014	251
#11	#10 in Cochrane Reviews (Reviews and Protocols) and Other Reviews	60
#12	[mh "Mass Screening"]	5097
#13	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	23802
#14	#12 or #13	24901
#15	[mh "Antidepressive Agents, Second-Generation"]	1237
#16	[mh "Serotonin Uptake Inhibitors"]	2398
#17	[mh "Antidepressive Agents"]	4958
#18	[mh Fluoxetine]	1178
#19	[mh Fluvoxamine]	363
#20	[mh Paroxetine]	776
#21	[mh Sertraline]	635
#22	[mh Citalopram]	800
#23	[mh Bupropion]	529
#24	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	14720
#25	#15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24	16071
#26	[mh Psychotherapy]	15993
#27	[mh "Psychotherapy, Brief"]	707

Appendix B. Search Strategy and Detailed Methods

ID	Search	Hits
#28	[mh "Psychotherapy, Group"]	2469
#29	[mh "Cognitive Therapy"]	5143
#30	[mh "Behavior Therapy"]	10680
#31	[mh "Self-Help Groups"]	661
#32	[mh "Family Therapy"]	708
#33	[mh Counseling]	3374
#34	[mh "Directive Counseling"]	399
#35	[mh "Problem Solving"]	1206
#36	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	43487
#37	#26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36	52201
#38	#11 and (#14 or #25 or #37)	53

5/23/13 Cochrane KQs 1-4

ID	Search	Results
#45	depress*:ti,ab	28336
#2	MeSH descriptor: [Depression] explode all trees	4611
#3	MeSH descriptor: [Depressive Disorder] explode all trees	6747
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2040
#46	#45 or #3 or #5 or #2	29902
#13	MeSH descriptor: [Mass Screening] explode all trees	4448
#14	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	30641
#15	#13 or #14	31575
#47	#46 and #15	3257
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	118897
#48	#47 and #9	970
#49	#47 and #9 from 2006	478
#50	#47 and #9 from 2006, in Trials	416

1/11/14 Cochrane KQs 1-4

ID	Search	Results
#40	depress*:ti,ab	30255
#2	MeSH descriptor: [Depression] explode all trees	4873
#3	MeSH descriptor: [Depressive Disorder] explode all trees	7019
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2180
#41	#40 or #3 or #5 or #2	31870
#13	MeSH descriptor: [Mass Screening] explode all trees	4646
#14	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	31046
#15	#13 or #14	32035
#42	#41 and #15	3393
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	123985
#43	#42 and #9	1016

Appendix B. Search Strategy and Detailed Methods

#44	#42 and #9 from 2012	90
#45	#42 and #9 from 2012, in Trials	62

4/10/14 Cochrane KQs 1-4

ID	Search	Hits
#40	depress*:ti,ab	32762
#2	MeSH descriptor: [Depression] explode all trees	5344
#3	MeSH descriptor: [Depressive Disorder] explode all trees	7415
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2367
#41	#40 or #3 or #5 or #2	34459
#13	MeSH descriptor: [Mass Screening] explode all trees	4874
#14	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	34805
#15	#13 or #14	35853
#42	#41 and #15	3880
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	132833
#43	#42 and #9	1147
#44	#42 and #9 from 2012	203
#45	#42 and #9 from 2012, in Trials	172
#86	#42 and #9 from 2013, in Trials	76

10/15/14 Cochrane KQs 1-4

ID	Search	Hits
#1	depress*:ti,ab	33710
#2	[mh Depression]	5444
#3	[mh "Depressive Disorder"]	7512
#4	[mh "Depressive Disorder, Major"]	2407
#5	#1 or #2 or #3 or #4	35432
#6	[mh "Mass Screening"]	4996
#7	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	36083
#8	#6 or #7	37151
#9	#5 and #8	4068
#10	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	136035
#11	#9 and #10	1201
#12	#11 Publication Year from 2014 to 2014	48
#13	#12 in Trials	40

2/14/15 Cochrane Library KQ 4

ID	Search	Hits
#1	depress*:ti,ab	35627
#2	[mh Depression]	5520
#3	[mh "Depressive Disorder"]	7607
#4	[mh "Depressive Disorder, Major"]	2447
#5	#1 or #2 or #3 or #4	37367
#6	[mh "Mass Screening"]	5097
#7	screen*:ti,ab or case finding:ti,ab or casefinding:ti,ab or child* depression inventor*:ti,ab or child* depression scale*:ti,ab or child* depression rating scale*:ti,ab or child* self report rating scale*:ti,ab	23802

Appendix B. Search Strategy and Detailed Methods

	or mood and feelings questionnaire*:ti,ab or reynold* child* depression:ti,ab or reynold* adolesc* depression:ti,ab or kutcher* adolesc*:ti,ab or depression scale for children*:ti,ab or beck depression inventor*:ti,ab or Center for Epidemiologic Studies Depression Scale*:ti,ab	
#8	#6 or #7	24901
#9	#5 and #8	3741
#10	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	140405
#11	#9 and #10	1143
#12	#11 Publication Year from 2014 to 2014	76
#13	#12 in Trials	65

5/23/13 Cochrane KQ 5

ID	Search	Results
#51	depress*:ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	28336
#2	MeSH descriptor: [Depression] explode all trees	4611
#3	MeSH descriptor: [Depressive Disorder] explode all trees	6747
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2040
#52	#51 or #3 or #5 or #2	29902
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1145
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2179
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4493
#19	MeSH descriptor: [Fluoxetine] explode all trees	1126
#20	MeSH descriptor: [Fluvoxamine] explode all trees	350
#21	MeSH descriptor: [Paroxetine] explode all trees	735
#22	MeSH descriptor: [Sertraline] explode all trees	574
#23	MeSH descriptor: [Citalopram] explode all trees	692
#24	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab	11062
#25	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24	12577
#26	MeSH descriptor: [Psychotherapy] explode all trees	13484
#27	MeSH descriptor: [Psychotherapy, Brief] explode all trees	595
#28	MeSH descriptor: [Psychotherapy, Group] explode all trees	2159
#29	MeSH descriptor: [Cognitive Therapy] explode all trees	4107
#30	MeSH descriptor: [Behavior Therapy] explode all trees	8983
#31	MeSH descriptor: [Self-Help Groups] explode all trees	575
#32	MeSH descriptor: [Family Therapy] explode all trees	621
#33	MeSH descriptor: [Counseling] explode all trees	2759
#34	MeSH descriptor: [Directive Counseling] explode all trees	212
#35	MeSH descriptor: [Problem Solving] explode all trees	1065
#36	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	33077
#37	#26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36	40412
#53	(#52 and #25) or (#52 and #37)	13367
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	118897
#54	#53 and #9	2601
#55	#53 and #9 from 2006	1184
#56	#53 and #9 from 2006, in Trials	1061
#39	MeSH descriptor: [Bupropion] explode all trees	458
#40	serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	2431

Appendix B. Search Strategy and Detailed Methods

ID	Search	Results
#41	#39 or #40	2431
#57	#52 and #41	1194
#58	#57 and #9	159
#59	#57 and #9 in Trials	131
#60	#56 or #59	1115

1/11/14 Cochrane KQ 5

ID	Search	Results
#46	depress*:ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	30255
#2	MeSH descriptor: [Depression] explode all trees	4873
#3	MeSH descriptor: [Depressive Disorder] explode all trees	7019
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2180
#47	#46 or #3 or #5 or #2	31870
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1211
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2298
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4715
#19	MeSH descriptor: [Fluoxetine] explode all trees	1158
#20	MeSH descriptor: [Fluvoxamine] explode all trees	362
#21	MeSH descriptor: [Paroxetine] explode all trees	770
#22	MeSH descriptor: [Sertraline] explode all trees	612
#23	MeSH descriptor: [Citalopram] explode all trees	775
#24	MeSH descriptor: [Bupropion] explode all trees	495
#25	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	13267
#26	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25	14530
#27	MeSH descriptor: [Psychotherapy] explode all trees	14110
#28	MeSH descriptor: [Psychotherapy, Brief] explode all trees	624
#29	MeSH descriptor: [Psychotherapy, Group] explode all trees	2229
#30	MeSH descriptor: [Cognitive Therapy] explode all trees	4359
#31	MeSH descriptor: [Behavior Therapy] explode all trees	9400
#32	MeSH descriptor: [Self-Help Groups] explode all trees	598
#33	MeSH descriptor: [Family Therapy] explode all trees	643
#34	MeSH descriptor: [Counseling] explode all trees	2949
#35	MeSH descriptor: [Directive Counseling] explode all trees	264
#36	MeSH descriptor: [Problem Solving] explode all trees	1096
#37	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	35150
#38	#27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37	42804
#48	(#47 and #26) or (#47 and #38)	14496
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	123985
#49	#48 and #9	2749
#50	#48 and #9 from 2012	220
#51	#48 and #9 from 2012, in Trials	186

Appendix B. Search Strategy and Detailed Methods

4/10/14 Cochrane KQ 5

ID	Search	Hits
#46	depress*:ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	32762
#2	MeSH descriptor: [Depression] explode all trees	5344
#3	MeSH descriptor: [Depressive Disorder] explode all trees	7415
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2367
#47	#46 or #3 or #5 or #2	34459
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1226
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2356
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4870
#19	MeSH descriptor: [Fluoxetine] explode all trees	1171
#20	MeSH descriptor: [Fluvoxamine] explode all trees	362
#21	MeSH descriptor: [Paroxetine] explode all trees	774
#22	MeSH descriptor: [Sertraline] explode all trees	621
#23	MeSH descriptor: [Citalopram] explode all trees	785
#24	MeSH descriptor: [Bupropion] explode all trees	518
#25	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zolof:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	13959
#26	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25	15276
#27	MeSH descriptor: [Psychotherapy] explode all trees	15469
#28	MeSH descriptor: [Psychotherapy, Brief] explode all trees	685
#29	MeSH descriptor: [Psychotherapy, Group] explode all trees	2415
#30	MeSH descriptor: [Cognitive Therapy] explode all trees	4916
#31	MeSH descriptor: [Behavior Therapy] explode all trees	10328
#32	MeSH descriptor: [Self-Help Groups] explode all trees	641
#33	MeSH descriptor: [Family Therapy] explode all trees	680
#34	MeSH descriptor: [Counseling] explode all trees	3251
#35	MeSH descriptor: [Directive Counseling] explode all trees	351
#36	MeSH descriptor: [Problem Solving] explode all trees	1194
#37	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	39380
#38	#27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37	47714
#48	(#47 and #26) or (#47 and #38)	15821
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	132833
#49	#48 and #9	3010
#50	#48 and #9 from 2012	445
#51	#48 and #9 from 2012, in Trials	401
#87	#48 and #9 from 2013, in Trials	158

10-15-14 Cochrane KQ 5

ID	Search	Hits
#1	depress*:ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	33710
#2	[mh Depression]	5444
#3	[mh "Depressive Disorder"]	7512
#4	[mh "Depressive Disorder, Major"]	2407
#5	#1 or #2 or #3 or #4	35432
#6	[mh "Antidepressive Agents, Second-Generation"]	1233
#7	[mh "Serotonin Uptake Inhibitors"]	2381

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#8	[mh "Antidepressive Agents"]	4903
#9	[mh Fluoxetine]	1177
#10	[mh Fluvoxamine]	362
#11	[mh Paroxetine]	775
#12	[mh Sertraline]	628
#13	[mh Citalopram]	794
#14	[mh Bupropion]	524
#15	antidepressant*.ti,ab or antidepressives:ti,ab or antidepressive agent*.ti,ab or antidepressive drug*.ti,ab or selective serotonin reuptake inhibitor*.ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	14245
#16	#6 or #7 or #8 #9 or #10 or #11 or #12 or #13 or #14 or #15	14662
#17	[mh Psychotherapy]	15725
#18	[mh "Psychotherapy, Brief"]	700
#19	[mh "Psychotherapy, Group"]	2440
#20	[mh "Cognitive Therapy"]	5037
#21	[mh "Behavior Therapy"]	10509
#22	[mh "Self-Help Groups"]	651
#23	[mh "Family Therapy"]	692
#24	[mh Counseling]	3306
#25	[mh "Directive Counseling"]	371
#26	[mh "Problem Solving"]	1199
#27	psychotherapy*.ti,ab or (cognitive:ti,ab and (therap*.ti,ab or treatment*.ti,ab or intervention*.ti,ab)) or (behavior*.ti,ab and (therap*.ti,ab or treatment*.ti,ab or intervention*.ti,ab)) or interpersonal therap*.ti,ab or interpersonal intervention*.ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*.ti,ab or problem solving:ti,ab	41027
#28	#17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27	49494
#29	(#5 and #16) or (#5 and #28)	15889
#30	child:ti,ab,kw or children:ti,ab,kw or adolescen*.ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*.ti,ab,kw	136035
#31	#29 and #30	3020
#32	#31 Publication Year from 2014 to 2014	51
#33	#32 in Trials	42

2/14/15 Cochrane Library KQ 5

ID	Search	Hits
#1	depress*.ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	35627
#2	[mh Depression]	5520
#3	[mh "Depressive Disorder"]	7607
#4	[mh "Depressive Disorder, Major"]	2447
#5	#1 or #2 or #3 or #4	37367
#6	[mh "Antidepressive Agents, Second-Generation"]	1237
#7	[mh "Serotonin Uptake Inhibitors"]	2398
#8	[mh "Antidepressive Agents"]	4958
#9	[mh Fluoxetine]	1178
#10	[mh Fluvoxamine]	363
#11	[mh Paroxetine]	776
#12	[mh Sertraline]	635
#13	[mh Citalopram]	800
#14	[mh Bupropion]	529
#15	antidepressant*.ti,ab or antidepressives:ti,ab or antidepressive agent*.ti,ab or antidepressive drug*.ti,ab or selective serotonin reuptake inhibitor*.ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or	14720

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	duloxetine or Bupropion	
#16	#6 or #7 or #8 #9 or #10 or #11 or #12 or #13 or #14 or #15	15142
#17	[mh Psychotherapy]	15993
#18	[mh "Psychotherapy, Brief"]	707
#19	[mh "Psychotherapy, Group"]	2469
#20	[mh "Cognitive Therapy"]	5143
#21	[mh "Behavior Therapy"]	10680
#22	[mh "Self-Help Groups"]	661
#23	[mh "Family Therapy"]	708
#24	[mh Counseling]	3374
#25	[mh "Directive Counseling"]	399
#26	[mh "Problem Solving"]	1206
#27	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	43487
#28	#17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27	52201
#29	(#5 and #16) or (#5 and #28)	16747
#30	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	140405
#31	#29 and #30	3116
#32	#31 Publication Year from 2014 to 2014	93
#33	#32 in Trials	77

5/23/13 Cochrane KQ 6

ID	Search	Results
#51	depress*:ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	28336
#2	MeSH descriptor: [Depression] explode all trees	4611
#3	MeSH descriptor: [Depressive Disorder] explode all trees	6747
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2040
#52	#51 or #3 or #5 or #2	29902
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1145
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2179
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4493
#19	MeSH descriptor: [Fluoxetine] explode all trees	1126
#20	MeSH descriptor: [Fluvoxamine] explode all trees	350
#21	MeSH descriptor: [Paroxetine] explode all trees	735
#22	MeSH descriptor: [Sertraline] explode all trees	574
#23	MeSH descriptor: [Citalopram] explode all trees	692
#24	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab	11062
#25	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24	12577
#26	MeSH descriptor: [Psychotherapy] explode all trees	13484
#27	MeSH descriptor: [Psychotherapy, Brief] explode all trees	595
#28	MeSH descriptor: [Psychotherapy, Group] explode all trees	2159
#29	MeSH descriptor: [Cognitive Therapy] explode all trees	4107
#30	MeSH descriptor: [Behavior Therapy] explode all trees	8983
#31	MeSH descriptor: [Self-Help Groups] explode all trees	575
#32	MeSH descriptor: [Family Therapy] explode all trees	621
#33	MeSH descriptor: [Counseling] explode all trees	2759
#34	MeSH descriptor: [Directive Counseling] explode all trees	212
#35	MeSH descriptor: [Problem Solving] explode all trees	1065
#36	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or	33077

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ID	Search	Results
	intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	
#37	#26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36	40412
#61	#52 and #25	8068
#62	#52 and #37	6748
#63	#61 or #62	13367
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	118897
#64	#63 and #9	2601
#65	MeSH descriptor: [Adverse Drug Reaction Reporting Systems] explode all trees	92
#66	MeSH descriptor: [Drug Toxicity] explode all trees	1357
#67	MeSH descriptor: [Drug Hypersensitivity] explode all trees	764
#68	MeSH descriptor: [Death] explode all trees	1485
#69	MeSH descriptor: [Suicide] explode all trees	506
#70	MeSH descriptor: [Suicide, Attempted] explode all trees	231
#71	MeSH descriptor: [Self-Injurious Behavior] explode all trees	636
#72	Any MeSH descriptor with qualifier(s): [Adverse effects - AE]	95639
#73	Any MeSH descriptor with qualifier(s): [Chemically induced - CI]	19085
#74	Any MeSH descriptor with qualifier(s): [Drug effects - DE]	93266
#75	Any MeSH descriptor with qualifier(s): [Mortality - MO]	20439
#76	Any MeSH descriptor with qualifier(s): [Poisoning - PO]	311
#77	Any MeSH descriptor with qualifier(s): [Toxicity - TO]	1397
#78	Harm*:ti,ab or death:ti,ab or suicide:ti,ab or suicidal*:ti,ab or mania:ti,ab or manic episode*:ti,ab or overdos*:ti,ab,kw or self damage*:ti,ab or self injur*:ti,ab or self inflict*:ti,ab or death*:ti,ab or adverse effect*:ti,ab or adverse event*:ti,ab or adverse reaction*:ti,ab	119648
#79	#65 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77 or #78	224844
#80	#64 and #79	958
#81	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	403
#82	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	600
#83	MeSH descriptor: [Fluoxetine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	374
#84	MeSH descriptor: [Fluvoxamine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	84
#85	MeSH descriptor: [Paroxetine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	229
#86	MeSH descriptor: [Sertraline] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	136
#87	MeSH descriptor: [Citalopram] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	192
#88	#81 or #82 or #83 or #84 or #85 or #86 or #87	1259
#89	#88 and #9	341
#90	#80 or #89	1068
#91	#80 or #89 from 2006	437
#92	#80 or #89 from 2006, in Trials	380
#39	MeSH descriptor: [Bupropion] explode all trees	458
#40	serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	2431
#41	#39 or #40	2431
#93	#41 and #52	1194
#94	#93 and #79	568
#95	#94 and #9	104
#96	#94 and #9 in Trials	89

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ID	Search	Results
#97	#92 or #96	411
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ID	Search	Results
#46	depress*:ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	30255
#2	MeSH descriptor: [Depression] explode all trees	4873
#3	MeSH descriptor: [Depressive Disorder] explode all trees	7019
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2180
#47	#46 or #3 or #5 or #2	31870
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1211
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2298
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4715
#19	MeSH descriptor: [Fluoxetine] explode all trees	1158
#20	MeSH descriptor: [Fluvoxamine] explode all trees	362
#21	MeSH descriptor: [Paroxetine] explode all trees	770
#22	MeSH descriptor: [Sertraline] explode all trees	612
#23	MeSH descriptor: [Citalopram] explode all trees	775
#24	MeSH descriptor: [Bupropion] explode all trees	495
#25	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zolof:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	13267
#26	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25	14530
#27	MeSH descriptor: [Psychotherapy] explode all trees	14110
#28	MeSH descriptor: [Psychotherapy, Brief] explode all trees	624
#29	MeSH descriptor: [Psychotherapy, Group] explode all trees	2229
#30	MeSH descriptor: [Cognitive Therapy] explode all trees	4359
#31	MeSH descriptor: [Behavior Therapy] explode all trees	9400
#32	MeSH descriptor: [Self-Help Groups] explode all trees	598
#33	MeSH descriptor: [Family Therapy] explode all trees	643
#34	MeSH descriptor: [Counseling] explode all trees	2949
#35	MeSH descriptor: [Directive Counseling] explode all trees	264
#36	MeSH descriptor: [Problem Solving] explode all trees	1096
#37	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	35150
#38	#27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37	42804
#52	#47 and #26	8836
#53	#47 and #38	7247
#54	#52 or #53	14496
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	123985
#55	#54 and #9	2749
#56	MeSH descriptor: [Adverse Drug Reaction Reporting Systems] explode all trees	99
#57	MeSH descriptor: [Drug Toxicity] explode all trees	3328
#58	MeSH descriptor: [Drug Hypersensitivity] explode all trees	783
#59	MeSH descriptor: [Death] explode all trees	1527
#60	MeSH descriptor: [Suicide] explode all trees	544
#61	MeSH descriptor: [Suicide, Attempted] explode all trees	241
#62	MeSH descriptor: [Self-Injurious Behavior] explode all trees	678
#63	Any MeSH descriptor with qualifier(s): [Adverse effects - AE]	99665

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ID	Search	Results
#64	Any MeSH descriptor with qualifier(s): [Chemically induced - CI]	19809
#65	Any MeSH descriptor with qualifier(s): [Drug effects - DE]	97044
#66	Any MeSH descriptor with qualifier(s): [Mortality - MO]	21326
#67	Any MeSH descriptor with qualifier(s): [Poisoning - PO]	327
#68	Any MeSH descriptor with qualifier(s): [Toxicity - TO]	1461
#69	Harm*:ti,ab or death:ti,ab or suicide:ti,ab or suicidal*:ti,ab or mania:ti,ab or manic episode*:ti,ab or overdos*:ti,ab,kw or self damage*:ti,ab or self injur*:ti,ab or self inflict*:ti,ab or death*:ti,ab or adverse effect*:ti,ab or adverse event*:ti,ab or adverse reaction*:ti,ab	124847
#70	#56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #67 or #68 or #69	235782
#71	#55 and #70	1046
#72	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	419
#73	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	631
#74	MeSH descriptor: [Fluoxetine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	379
#75	MeSH descriptor: [Fluvoxamine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	87
#76	MeSH descriptor: [Paroxetine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	240
#77	MeSH descriptor: [Sertraline] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	144
#78	MeSH descriptor: [Citalopram] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	211
#79	MeSH descriptor: [Bupropion] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	99
#80	#72 or #73 or #74 or #75 or #76 or #77 or #78 or #79	1362
#81	#80 and #9	368
#82	#71 or #81	1168
#83	#71 or #81 from 2012	115
#84	#71 or #81 from 2012, in Trials	85

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ID	Search	Hits
#46	depress*:ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	32762
#2	MeSH descriptor: [Depression] explode all trees	5344
#3	MeSH descriptor: [Depressive Disorder] explode all trees	7415
#5	MeSH descriptor: [Depressive Disorder, Major] explode all trees	2367
#47	#46 or #3 or #5 or #2	34459
#16	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees	1226
#17	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees	2356
#18	MeSH descriptor: [Antidepressive Agents] explode all trees	4870
#19	MeSH descriptor: [Fluoxetine] explode all trees	1171
#20	MeSH descriptor: [Fluvoxamine] explode all trees	362
#21	MeSH descriptor: [Paroxetine] explode all trees	774
#22	MeSH descriptor: [Sertraline] explode all trees	621
#23	MeSH descriptor: [Citalopram] explode all trees	785
#24	MeSH descriptor: [Bupropion] explode all trees	518
#25	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	13959

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ID	Search	Hits
#26	#16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25	15276
#27	MeSH descriptor: [Psychotherapy] explode all trees	15469
#28	MeSH descriptor: [Psychotherapy, Brief] explode all trees	685
#29	MeSH descriptor: [Psychotherapy, Group] explode all trees	2415
#30	MeSH descriptor: [Cognitive Therapy] explode all trees	4916
#31	MeSH descriptor: [Behavior Therapy] explode all trees	10328
#32	MeSH descriptor: [Self-Help Groups] explode all trees	641
#33	MeSH descriptor: [Family Therapy] explode all trees	680
#34	MeSH descriptor: [Counseling] explode all trees	3251
#35	MeSH descriptor: [Directive Counseling] explode all trees	351
#36	MeSH descriptor: [Problem Solving] explode all trees	1194
#37	psychotherapy*:ti,ab or (cognitive:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	39380
#38	#27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37	47714
#52	#47 and #26	9328
#53	#47 and #38	8200
#54	#52 or #53	15821
#9	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	132833
#55	#54 and #9	3010
#56	MeSH descriptor: [Adverse Drug Reaction Reporting Systems] explode all trees	106
#57	MeSH descriptor: [Drug Toxicity] explode all trees	2309
#58	MeSH descriptor: [Drug Hypersensitivity] explode all trees	822
#59	MeSH descriptor: [Death] explode all trees	1608
#60	MeSH descriptor: [Suicide] explode all trees	582
#61	MeSH descriptor: [Suicide, Attempted] explode all trees	257
#62	MeSH descriptor: [Self-Injurious Behavior] explode all trees	727
#63	Any MeSH descriptor with qualifier(s): [Adverse effects - AE]	103695
#64	Any MeSH descriptor with qualifier(s): [Chemically induced - CI]	20300
#65	Any MeSH descriptor with qualifier(s): [Drug effects - DE]	99419
#66	Any MeSH descriptor with qualifier(s): [Mortality - MO]	22583
#67	Any MeSH descriptor with qualifier(s): [Poisoning - PO]	332
#68	Any MeSH descriptor with qualifier(s): [Toxicity - TO]	1487
#69	Harm*:ti,ab or death:ti,ab or suicide:ti,ab or suicidal*:ti,ab or mania:ti,ab or manic episode*:ti,ab or overdos*:ti,ab,kw or self damage*:ti,ab or self injur*:ti,ab or self inflict*:ti,ab or death*:ti,ab or adverse effect*:ti,ab or adverse event*:ti,ab or adverse reaction*:ti,ab	134601
#70	#56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #67 or #68 or #69	237631
#71	#55 and #70	1081
#72	MeSH descriptor: [Antidepressive Agents, Second-Generation] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	424
#73	MeSH descriptor: [Serotonin Uptake Inhibitors] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	649
#74	MeSH descriptor: [Fluoxetine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	383
#75	MeSH descriptor: [Fluvoxamine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	87
#76	MeSH descriptor: [Paroxetine] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	242
#77	MeSH descriptor: [Sertraline] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	146
#78	MeSH descriptor: [Citalopram] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	212

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ID	Search	Hits
#79	MeSH descriptor: [Bupropion] explode all trees and with qualifiers: [Adverse effects - AE, Poisoning - PO, Toxicity - TO]	104
#80	#72 or #73 or #74 or #75 or #76 or #77 or #78 or #79	1388
#81	#80 and #9	375
#82	#71 or #81	1205
#83	#71 or #81 from 2012	169
#84	#71 or #81 from 2012, in Trials	134
#88	#71 or #81 from 2013, in Trials	55

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ID	Search	Hits
#1	depress*.ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	33710
#2	[mh Depression]	5444
#3	[mh "Depressive Disorder"]	7512
#4	[mh "Depressive Disorder, Major"]	2407
#5	#1 or #2 or #3 or #4	35432
#6	[mh "Antidepressive Agents, Second-Generation"]	1233
#7	[mh "Serotonin Uptake Inhibitors"]	2381
#8	[mh "Antidepressive Agents"]	4903
#9	[mh Fluoxetine]	1177
#10	[mh Fluvoxamine]	362
#11	[mh Paroxetine]	775
#12	[mh Sertraline]	628
#13	[mh Citalopram]	794
#14	[mh Bupropion]	524
#15	antidepressant*.ti,ab or antidepressives:ti,ab or antidepressive agent*.ti,ab or antidepressive drug*.ti,ab or selective serotonin reuptake inhibitor*.ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	14245
#16	#6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15	15574
#17	[mh Psychotherapy]	15725
#18	[mh "Psychotherapy, Brief"]	700
#19	[mh "Psychotherapy, Group"]	2440
#20	[mh "Cognitive Therapy"]	5037
#21	[mh "Behavior Therapy"]	10509
#22	[mh "Self-Help Groups"]	651
#23	[mh "Family Therapy"]	692
#24	[mh Counseling]	3306
#25	[mh "Directive Counseling"]	371
#26	[mh "Problem Solving"]	1199
#27	psychotherapy*.ti,ab or (cognitive:ti,ab and (therap*.ti,ab or treatment*.ti,ab or intervention*.ti,ab)) or (behavior*.ti,ab and (therap*.ti,ab or treatment*.ti,ab or intervention*.ti,ab)) or interpersonal therap*.ti,ab or interpersonal intervention*.ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*.ti,ab or problem solving:ti,ab	41027
#28	#17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27	49494
#29	#5 and #16	9516
#30	#5 and #28	8546
#31	#29 or #30	16305
#32	child:ti,ab,kw or children:ti,ab,kw or adolescen*.ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*.ti,ab,kw	136035
#33	#31 and #32	3084
#34	[mh "Adverse Drug Reaction Reporting Systems"]	107
#35	[mh "Drug Toxicity"]	2368
#36	[mh "Drug Hypersensitivity"]	831

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ID	Search	Hits
#37	[mh Death]	1621
#38	[mh Suicide]	591
#39	[mh "Suicide, Attempted"]	258
#40	[mh "Self-Injurious Behavior"]	736
#41	[mh /AE]	104346
#42	[mh /CI]	20397
#43	[mh /DE]	99800
#44	[mh /MO]	22838
#45	[mh /PO]	336
#46	[mh /TO]	1490
#47	Harm*:ti,ab or death:ti,ab or suicide:ti,ab or suicidal*:ti,ab or mania:ti,ab or manic episode*:ti,ab or overdos*:ti,ab,kw or self damage*:ti,ab or self injur*:ti,ab or self inflict*:ti,ab or death*:ti,ab or adverse effect*:ti,ab or adverse event*:ti,ab or adverse reaction*:ti,ab	138829
#48	#34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47	252124
#49	#33 and #48	1102
#50	[mh "Antidepressive Agents, Second-Generation"/AE,PO,TO]	426
#51	[mh "Serotonin Uptake Inhibitors"/AE,PO,TO]	654
#52	[mh Fluoxetine/AE,PO,TO]	384
#53	[mh Fluvoxamine/AE,PO,TO]	87
#54	[mh Paroxetine/AE,PO,TO]	242
#55	[mh Sertraline/AE,PO,TO]	147
#56	[mh Citalopram/AE,PO,TO]	215
#57	[mh Bupropion/AE,PO,TO]	104
#58	#50 or #51 or #52 or #53 or #54 or #55 or #56 or #57	1396
#59	#58 and #32	376
#60	#49 or #59	1226
#61	#60 Publication Year from 2014 to 2014	14
#62	#61 in Trials	7

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ID	Search	Hits
#1	depress*:ti,ab or depression:ti,ab or depressive:ti,ab or depressed:ti,ab	35627
#2	[mh Depression]	5520
#3	[mh "Depressive Disorder"]	7607
#4	[mh "Depressive Disorder, Major"]	2447
#5	#1 or #2 or #3 or #4	37367
#6	[mh "Antidepressive Agents, Second-Generation"]	1237
#7	[mh "Serotonin Uptake Inhibitors"]	2398
#8	[mh "Antidepressive Agents"]	4958
#9	[mh Fluoxetine]	1178
#10	[mh Fluvoxamine]	363
#11	[mh Paroxetine]	776
#12	[mh Sertraline]	635
#13	[mh Citalopram]	800
#14	[mh Bupropion]	529
#15	antidepressant*:ti,ab or antidepressives:ti,ab or antidepressive agent*:ti,ab or antidepressive drug*:ti,ab or selective serotonin reuptake inhibitor*:ti,ab or ssri:ti,ab or ssris:ti,ab or fluoxetine:ti,ab or Prozac:ti,ab or fluvoxamine:ti,ab or luvox:ti,ab or paroxetine:ti,ab or paxil:ti,ab or sertraline:ti,ab or Zoloft:ti,ab or citalopram:ti,ab or celexa:ti,ab or escitalopram:ti,ab or Lexapro:ti,ab or serotonin norepinephrine reuptake inhibitors or snri* or "norepinephrine reuptake inhibitors" or venlafaxine or duloxetine or Bupropion	14720
#16	#6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15	16071
#17	[mh Psychotherapy]	15993
#18	[mh "Psychotherapy, Brief"]	707
#19	[mh "Psychotherapy, Group"]	2469
#20	[mh "Cognitive Therapy"]	5143

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ID	Search	Hits
#21	[mh "Behavior Therapy"]	10680
#22	[mh "Self-Help Groups"]	661
#23	[mh "Family Therapy"]	708
#24	[mh Counseling]	3374
#25	[mh "Directive Counseling"]	399
#26	[mh "Problem Solving"]	1206
#27	psychotherapy*:ti,ab or (cognitive*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or (behavior*:ti,ab and (therap*:ti,ab or treatment*:ti,ab or intervention*:ti,ab)) or interpersonal therap*:ti,ab or interpersonal intervention*:ti,ab or self help:ti,ab or family support:ti,ab or parent* education:ti,ab or counsel*:ti,ab or problem solving:ti,ab	43487
#28	#17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27	52201
#29	#5 and #16	9877
#30	#5 and #28	9152
#31	#29 or #30	17172
#32	child:ti,ab,kw or children:ti,ab,kw or adolescen*:ti,ab,kw or teen:ti,ab,kw or teens:ti,ab,kw or teenage*:ti,ab,kw	140405
#33	#31 and #32	3182
#34	[mh "Adverse Drug Reaction Reporting Systems"]	110
#35	[mh "Drug Toxicity"]	2415
#36	[mh "Drug Hypersensitivity"]	835
#37	[mh Death]	1681
#38	[mh Suicide]	601
#39	[mh "Suicide, Attempted"]	261
#40	[mh "Self-Injurious Behavior"]	751
#41	[mh /AE]	104860
#42	[mh /CI]	20489
#43	[mh /DE]	100046
#44	[mh /MO]	23013
#45	[mh /PO]	337
#46	[mh /TO]	1492
#47	Harm*:ti,ab or death:ti,ab or suicide:ti,ab or suicidal*:ti,ab or mania:ti,ab or manic episode*:ti,ab or overdos*:ti,ab,kw or self damage*:ti,ab or self injur*:ti,ab or self inflict*:ti,ab or death*:ti,ab or adverse effect*:ti,ab or adverse event*:ti,ab or adverse reaction*:ti,ab	147312
#48	#34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47	260997
#49	#33 and #48	1132
#50	[mh "Antidepressive Agents, Second-Generation"/AE,PO,TO]	426
#51	[mh "Serotonin Uptake Inhibitors"/AE,PO,TO]	655
#52	[mh Fluoxetine/AE,PO,TO]	384
#53	[mh Fluvoxamine/AE,PO,TO]	87
#54	[mh Paroxetine/AE,PO,TO]	242
#55	[mh Sertraline/AE,PO,TO]	148
#56	[mh Citalopram/AE,PO,TO]	215
#57	[mh Bupropion/AE,PO,TO]	104
#58	#50 or #51 or #52 or #53 or #54 or #55 or #56 or #57	1398
#59	#58 and #32	377
#60	#49 or #59	1256
#61	#60 Publication Year from 2014 to 2014	25
#62	#61 in Trials	16

5/23/13 PsycInfo Systematic Reviews and Meta-Analyses

#	Query	Results
S1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	181,180
S2	SU depression	110,720
S3	SU Depressive Disorder	7,625

Appendix B. Search Strategy and Detailed Methods

#	Query	Results
S4	SU postpartum depression	2,855
S5	SU major depressive disorder	4,741
S6	SU dysthymic disorder	1,391
S7	SU seasonal affective disorder	955
S8	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7	181,305
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	772,887
S10	S8 AND S9	39,138
S11	S8 AND S9; Limiters - Published Date from: 20051101-	16,867
S12	S8 AND S9; Limiters - Published Date from: 20051101-; Methodology: -Systematic Review, -Meta Analysis	225
S13	SU Mass Screening	35
S14	SU screen* OR case finding OR casefinding OR child* depression inventor* OR child* depression scale* OR child* depression rating scale* OR child* self report rating scale* OR mood and feelings questionnaire* OR reynold* child* depression OR reynold* adolesc* depression OR kutcher* adolesc* OR depression scale for children* OR beck depression inventor* OR Center for Epidemiologic Studies Depression Scale*	20,581
S15	S13 OR S14	20,581
S16	SU second generation antidepressants	19
S17	SU serotonin uptake inhibitors	84
S18	SU antidepressants	16,241
S19	SU Fluoxetine	3,465
S20	SU Fluvoxamine	925
S21	SU Paroxetine	1,649
S22	SU Sertraline	1,237
S23	SU Citalopram	1,151
S24	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	36,641
S25	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24	38,652
S26	SU Psychotherapy	85,622
S27	SU Psychotherapy, brief	4,820
S28	SU Psychotherapy, Group	17,626
S29	SU cognitive therapy	21,419
S30	SU behavior therapy	25,422
S31	SU Self-Help Groups	853
S32	SU Family Therapy	18,584
S33	SU counseling	53,771
S34	SU Directive Counseling	91
S35	SU Problem Solving	25,651
S36	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving)	368,263
S37	S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36	425,709
S38	(S12) AND (S15 OR S25 OR S37)	96
S39	SU Bupropion	863

Appendix B. Search Strategy and Detailed Methods

#	Query	Results
S40	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	4,090
S41	S39 OR S40	4,090
S42	S10 AND S41	176
S43	S10 AND S41; Limiters - Methodology: -Systematic Review, -Meta Analysis	5
S44	S38 OR S43	97

1/13/14 PsycInfo Systematic Reviews and Meta-Analyses

#	Query	Results
S1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	188,653
S2	SU depression	114,945
S3	SU Depressive Disorder	8,077
S4	SU postpartum depression	2,978
S5	SU major depressive disorder	5,093
S6	SU dysthymic disorder	1,405
S7	SU seasonal affective disorder	972
S8	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7	188,779
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	801,397
S10	S8 AND S9	48,144
S11	S8 AND S9; Limiters - Published Date from: 20120501-	5,141
S12	S8 AND S9; Limiters - Published Date from: 20120501-; Methodology: -Systematic Review, -Meta Analysis	128
S13	SU Mass Screening	35
S14	SU screen* OR case finding OR casefinding OR child* depression inventor* OR child* depression scale* OR child* depression rating scale* OR child* self report rating scale* OR mood and feelings questionnaire* OR reynold* child* depression OR reynold* adolesc* depression OR kutcher* adolesc* OR depression scale for children* OR beck depression inventor* OR Center for Epidemiologic Studies Depression Scale*	21,437
S15	S13 OR S14	21,437
S16	SU second generation antidepressants	20
S17	SU serotonin uptake inhibitors	84
S18	SU antidepressants	16,788
S19	SU Fluoxetine	3,541
S20	SU Fluvoxamine	933
S21	SU Paroxetine	1,675
S22	SU Sertraline	1,271
S23	SU Citalopram	1,178
S24	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	37,965
S25	SU Bupropion	897
S26	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	4,305
S27	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	41,398
S28	SU Psychotherapy	87,793
S29	SU Psychotherapy, brief	4,895
S30	SU Psychotherapy, Group	17,977
S31	SU cognitive therapy	22,411

Appendix B. Search Strategy and Detailed Methods

#	Query	Results
S32	SU behavior therapy	26,450
S33	SU Self-Help Groups	863
S34	SU Family Therapy	18,923
S35	SU counseling	54,734
S36	SU Directive Counseling	91
S37	SU Problem Solving	26,286
S38	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving)	382,195
S39	S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38	440,675
S40	(S12) AND (S15 OR S27 OR S39)	46
S87	(S12) AND (S15 OR S27 OR S39); Limiters - Published Date from: 20130101-	20

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#	Query	Limiters/Expanders	Last Run Via	Results
S40	(S12) AND (S15 OR S27 OR S39)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	9
S39	S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	462,660
S38	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	402,762
S37	SU Problem Solving	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,171
S36	SU Directive Counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	70

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Database - PsycINFO	
S35	SU counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	56,470
S34	SU Family Therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	19,281
S33	SU Self-Help Groups	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	867
S32	SU behavior therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,431
S31	SU cognitive therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	23,869
S30	SU Psychotherapy, Group	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	18,293
S29	SU Psychotherapy, brief	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,965
S28	SU Psychotherapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	90,926
S27	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	Search modes - Boolean/Phrase	Interface - EBSCOhost	43,188

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Research Databases Search Screen - Advanced Search Database - PsycINFO	
S26	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,582
S25	SU Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	937
S24	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	39,617
S23	SU Citalopram	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,205
S22	SU Sertraline	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,317
S21	SU Paroxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,698
S20	SU Fluvoxamine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	941

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S19	SU Fluoxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,613
S18	SU antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17,519
S17	SU serotonin uptake inhibitors	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	85
S16	SU second generation antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	21
S15	S13 OR S14	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	41,646
S14	SU screen* OR case finding OR casefinding OR child* depression inventor* OR child* depression scale* OR child* depression rating scale* OR child* self report rating scale* OR mood and feelings questionnaire* OR reynold* child* depression OR reynold* adolesc* depression OR kutcher* adolesc* OR depression scale for children* OR beck depression inventor* OR Center for Epidemiologic Studies Depression Scale*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	41,646
S13	SU Mass Screening	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	37
S12	S8 AND S9	Limiters - Published Date: 20140401-; Methodology: - Systematic Review, -Meta Analysis Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	26
S11	S8 AND S9	Limiters - Published Date: 20140401-	Interface - EBSCOhost	972

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
		Search modes - Boolean/Phrase	Research Databases Search Screen - Advanced Search Database - PsycINFO	
S10	S8 AND S9	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	37,388
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	713,994
S8	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	199,781
S7	SU seasonal affective disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	997
S6	SU dysthymic disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,430
S5	SU major depressive disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,568
S4	SU postpartum depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,210
S3	SU Depressive Disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database -	8,670

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S2	SU depression	Search modes - Boolean/Phrase	PsycINFO Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	121,695
S1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	199,666

2/5/15 PsycINFO Systematic Reviews & Meta-Analyses

#	Query	Limiters/Expanders	Last Run Via	Results
S41	S40	Limiters - Published Date: 20141001- 20150231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8
S40	(S12) AND (S15 OR S27 OR S39)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8
S39	S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	471,440
S38	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	410,868
S37	SU Problem Solving	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,531

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S36	SU Directive Counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	71
S35	SU counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	57,058
S34	SU Family Therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	19,493
S33	SU Self-Help Groups	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	872
S32	SU behavior therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	28,113
S31	SU cognitive therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	24,467
S30	SU Psychotherapy, Group	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	18,460
S29	SU Psychotherapy, brief	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,005
S28	SU Psychotherapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen -	92,053

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Advanced Search Database - PsycINFO	
S27	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	43,941
S26	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,686
S25	SU Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	947
S24	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	40,301
S23	SU Citalopram	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,223
S22	SU Sertraline	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,330
S21	SU Paroxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,709
S20	SU Fluvoxamine	Search modes -	Interface -	946

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
		Boolean/Phrase	EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	
S19	SU Fluoxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,650
S18	SU antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17,848
S17	SU serotonin uptake inhibitors	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	86
S16	SU second generation antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	22
S15	S13 OR S14	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	42,596
S14	SU screen* OR case finding OR casefinding OR child* depression inventor* OR child* depression scale* OR child* depression rating scale* OR child* self report rating scale* OR mood and feelings questionnaire* OR reynold* child* depression OR reynold* adolesc* depression OR kutcher* adolesc* OR depression scale for children* OR beck depression inventor* OR Center for Epidemiologic Studies Depression Scale*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	42,596
S13	SU Mass Screening	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	43
S12	S11	Limiters - Methodology: -	Interface - EBSCOhost	20

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
		Systematic Review, -Meta Analysis Search modes - Boolean/Phrase	Research Databases Search Screen - Advanced Search Database - PsycINFO	
S11	S8 AND S9	Limiters - Published Date: 20141001- 20150231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	598
S10	S8 AND S9	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	38,246
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	726,957
S8	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	204,052
S7	SU seasonal affective disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,011
S6	SU dysthymic disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,442
S5	SU major depressive disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,752
S4	SU postpartum depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database -	3,305

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S3	SU Depressive Disorder	Search modes - Boolean/Phrase	PsycINFO Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,901
S2	SU depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	124,526
S1	Depression or "Depressive Disorder" or "Postpartum Depression" or "Major Depressive Disorder" or "Dysthymic Disorder" or "dysthymia" or "Seasonal Affective Disorder"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	203,938

5/23/13 PsycInfo KQs 1-4

ID	Search	Results
S41	TI depress* OR AB depress*	206,685
S2	SU depression	114,945
S3	SU Depressive Disorder	8,077
S5	SU major depressive disorder	5,093
S42	S2 OR S3 OR S5 OR S41	211,972
S13	SU Mass Screening	35
S14	SU screen* OR case finding OR casefinding OR child* depression inventor* OR child* depression scale* OR child* depression rating scale* OR child* self report rating scale* OR mood and feelings questionnaire* OR reynold* child* depression OR reynold* adolesc* depression OR kutcher* adolesc* OR depression scale for children* OR beck depression inventor* OR Center for Epidemiologic Studies Depression Scale*	21,437
S15	S13 OR S14	21,437
S43	S15 AND S42	3,175
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	801,397
S44	S9 AND S43	861
S45	S9 AND S43; Limiters - Published Date from: 20120501-	86
S46	S9 AND S43; Limiters - Published Date from: 20120501-; Document Type: Journal Article	75

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#	Query	Limiters/Expanders	Last Run Via	Results
S13	S9 AND S10	Limiters - Published Date: 20140401-; Document Type: Journal Article Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	71
S12	S9 AND S10	Limiters - Published Date: 20140401- Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	98
S11	S9 AND S10	Search modes -	Interface - EBSCOhost	4,416

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
		Boolean/Phrase	Research Databases Search Screen - Advanced Search Database - PsycINFO	
S10	TX child OR children OR adolescen* OR teen OR teens OR teenage*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	713,994
S9	S5 AND S8	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	16,783
S8	S6 OR S7	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	41,646
S7	SU screen* OR case finding OR casefinding OR child* depression inventor* OR child* depression scale* OR child* depression rating scale* OR child* self report rating scale* OR mood and feelings questionnaire* OR reynold* child* depression OR reynold* adolesc* depression OR kutcher* adolesc* OR depression scale for children* OR beck depression inventor* OR Center for Epidemiologic Studies Depression Scale*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	41,646
S6	SU Mass Screening	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	37
S5	S1 OR S2 OR S3 OR S4	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	223,975
S4	SU major depressive disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,568
S3	SU Depressive Disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,670
S2	SU depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	121,695
S1	TI depress* OR AB depress*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced	218,453

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Search Database - PsycINFO	
2/5/15 PsycInfo KQ1-4				
#	Query	Limiters/Expanders	Last Run Via	Results
S13	S12	Limiters - Document Type: Journal Article Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	38
S12	S9 AND S10	Limiters - Published Date: 20141001-20150231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	50
S11	S9 AND S10	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,503
S10	TX child OR children OR adolescen* OR teen OR teens OR teenage*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	726,957
S9	S5 AND S8	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17,115
S8	S6 OR S7	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	42,596
S7	SU screen* OR case finding OR casefinding OR child* depression inventor* OR child* depression scale* OR child* depression rating scale* OR child* self report rating scale* OR mood and feelings questionnaire* OR reynold* child* depression OR reynold* adolesc* depression OR kutcher* adolesc* OR depression scale for children* OR beck depression inventor* OR Center for Epidemiologic Studies Depression Scale*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	42,596
S6	SU Mass Screening	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	43
S5	S1 OR S2 OR S3 OR S4	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	228,613

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S4	SU major depressive disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,752
S3	SU Depressive Disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,901
S2	SU depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	124,526
S1	TI depress* OR AB depress*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	222,909

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ID	Search	Results
S47	TI (depress* OR depression OR depressive OR depressed) OR AB (depress* OR depression OR depressive OR depressed);	206,685
S2	SU depression	114,945
S3	SU Depressive Disorder	8,077
S5	SU major depressive disorder	5,093
S48	S2 OR S3 OR S5 OR S47	211,972
S16	SU second generation antidepressants	20
S17	SU serotonin uptake inhibitors	84
S18	SU antidepressants	16,788
S19	SU Fluoxetine	3,541
S20	SU Fluvoxamine	933
S21	SU Paroxetine	1,675
S22	SU Sertraline	1,271
S23	SU Citalopram	1,178
S24	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	37,965
S25	SU Bupropion	897
S26	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	4,305
S27	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	41,398
S28	SU Psychotherapy	87,793
S29	SU Psychotherapy, brief	4,895
S30	SU Psychotherapy, Group	17,977
S31	SU cognitive therapy	22,411
S32	SU behavior therapy	26,450
S33	SU Self-Help Groups	863
S34	SU Family Therapy	18,923

Appendix B. Search Strategy and Detailed Methods

ID	Search	Results
S35	SU counseling	54,734
S36	SU Directive Counseling	91
S37	SU Problem Solving	26,286
S38	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving)	382,195
S39	S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38	440,675
S49	(S48 AND S27) OR (S48 AND S39)	60,298
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	801,397
S50	S9 AND S49	11,644
S51	S9 AND S49; Limiters - Published Date from: 20120501-	1,088
S52	S9 AND S49; Limiters - Published Date: 20120501-; Document Type: Journal Article; Methodology: TREATMENT OUTCOME/CLINICAL TRIAL	72

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#	Query	Limiters/Expanders	Last Run Via	Results
S34	S30 AND S31	Limiters - Published Date: 20140401-; Document Type: Journal Article; Methodology: TREATMENT OUTCOME/CLINICAL TRIAL Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17
S33	S30 AND S31	Limiters - Published Date: 20140401- Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	264
S32	S30 AND S31	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	11,126
S31	TX child OR children OR adolescen* OR teen OR teens OR teenage*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	713,994
S30	(S5 and S17) OR (S5 AND S29)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	63,900
S29	S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	462,660
S28	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	402,762

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
	interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB ((psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving))			
S27	SU Problem Solving	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,171
S26	SU Directive Counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	70
S25	SU counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	56,470
S24	SU Family Therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	19,281
S23	SU Self-Help Groups	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	867
S22	SU behavior therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,431
S21	SU cognitive therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	23,869
S20	SU Psychotherapy, Group	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	18,293

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Database - PsycINFO	
S19	SU Psychotherapy, brief	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	4,965
			Database - PsycINFO	
S18	SU Psychotherapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	90,926
			Database - PsycINFO	
S17	S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	43,188
			Database - PsycINFO	
S16	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	4,582
			Database - PsycINFO	
S15	SU Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	937
			Database - PsycINFO	
S14	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	39,617
			Database - PsycINFO	
S13	SU Citalopram	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases	1,205

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Search Screen - Advanced Search Database - PsycINFO	
S12	SU Sertraline	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,317
S11	SU Paroxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,698
S10	SU Fluvoxamine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	941
S9	SU Fluoxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,613
S8	SU antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17,519
S7	SU serotonin uptake inhibitors	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	85
S6	SU second generation antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	21
S5	S1 OR S2 OR S3 OR S4	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	223,975
S4	SU major depressive disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,568
S3	SU Depressive Disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,670
S2	SU depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	121,695
S1	TI (depress* OR depression OR	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases	218,453

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
	depressive OR depressed) OR AB (depress* OR depression OR depressive OR depressed)		Search Screen - Advanced Search Database - PsycINFO	
PsycInfo KQ 5 Update, 2-5-15; 11 results				
#	Query	Limiters/Expanders	Last Run Via	Results
S34	S33	Limiters - Document Type: Journal Article; Methodology: TREATMENT OUTCOME/CLINICAL TRIAL Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	11
S33	S30 AND S31	Limiters - Published Date: 20141001- 20150231 Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	191
S32	S30 AND S31	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	11,409
S31	TX child OR children OR adolescen* OR teen OR teens OR teenage*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	726,957
S30	(S5 and S17) OR (S5 AND S29)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	65,374
S29	S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	471,440
S28	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB ((psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	410,868

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
	OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving))			
S27	SU Problem Solving	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,531
S26	SU Directive Counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	71
S25	SU counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	57,058
S24	SU Family Therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	19,493
S23	SU Self-Help Groups	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	872
S22	SU behavior therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	28,113
S21	SU cognitive therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	24,467
S20	SU Psychotherapy, Group	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	18,460
S19	SU Psychotherapy, brief	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,005
S18	SU Psychotherapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	92,053
S17	S6 OR S7 OR S8 OR S9 OR S10 OR S11	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases	43,941

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
	OR S12 OR S13 OR S14 OR S15 OR S16		Search Screen - Advanced Search Database - PsycINFO	
S16	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,686
S15	SU Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	947
S14	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	40,301
S13	SU Citalopram	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,223
S12	SU Sertraline	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,330

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S11	SU Paroxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,709
S10	SU Fluvoxamine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	946
S9	SU Fluoxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,650
S8	SU antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17,848
S7	SU serotonin uptake inhibitors	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	86
S6	SU second generation antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	22
S5	S1 OR S2 OR S3 OR S4	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	228,613
S4	SU major depressive disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,752
S3	SU Depressive Disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,901
S2	SU depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	124,526
S1	TI (depress* OR depression OR depressive OR depressed) OR AB (depress* OR depression OR depressive OR depressed)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	222,909

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ID	Search	Results
S51	TI (depress* OR depression OR depressive OR depressed) OR AB (depress* OR depression OR depressive OR depressed); Limiters - Published Date from: 20061101-; Document Type: Journal Article	200,883
S2	SU depression	110,720
S3	SU Depressive Disorder	7,625
S5	SU major depressive disorder	4,741
S52	S2 OR S3 OR S5 OR S51	137,184
S16	SU second generation antidepressants	19
S17	SU serotonin uptake inhibitors	84
S18	SU antidepressants	16,241
S19	SU Fluoxetine	3,465
S20	SU Fluvoxamine	925
S21	SU Paroxetine	1,649
S22	SU Sertraline	1,237
S23	SU Citalopram	1,151
S24	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	36,641
S25	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24	38,652
S26	SU Psychotherapy	85,622
S27	SU Psychotherapy, brief	4,820
S28	SU Psychotherapy, Group	17,626
S29	SU cognitive therapy	21,419
S30	SU behavior therapy	25,422
S31	SU Self-Help Groups	853
S32	SU Family Therapy	18,584
S33	SU counseling	53,771
S34	SU Directive Counseling	91
S35	SU Problem Solving	25,651
S36	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving)	368,263
S37	S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36	425,709
S61	S25 AND S52	20,572
S62	S37 AND S52	24,477
S63	S61 OR S62	41,113
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	772,887
S64	S63 AND S9	6,967
S65	SU Adverse Drug Reaction Reporting Systems	0
S66	SU Drug Toxicity	87
S67	SU Drug Hypersensitivity	10
S68	SU Death	29,755
S69	SU Suicide	26,336
S70	SU Attempted Suicide	7,558
S71	SU Self-Injurious Behavior	2,075

Appendix B. Search Strategy and Detailed Methods

ID	Search	Results
S72	SU Adverse effects	1,078
S73	SU Chemically induced	25
S74	SU Drug effects	21,354
S75	SU Mortality	9,985
S76	SU Poisoning	1,529
S77	SU Toxicity	2,710
S78	TI (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*) OR AB (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*) OR KW overdos*	156,101
S79	S65 OR S66 OR S67 OR S68 OR S69 OR S70 OR S71 OR S72 OR S73 OR S74 OR S75 OR S76 OR S77 OR S78	184,884
S80	S64 AND S79	1,517
S81	SU second generation antidepressants AND SU (adverse effects OR poisoning OR toxicity)	0
S82	SU serotonin uptake inhibitors AND SU (adverse effects OR poisoning OR toxicity)	0
S83	SU Fluoxetine AND SU (adverse effects OR poisoning OR toxicity)	38
S84	SU Fluvoxamine AND SU (adverse effects OR poisoning OR toxicity)	12
S85	SU Paroxetine AND SU (adverse effects OR poisoning OR toxicity)	21
S86	SU Sertraline AND SU (adverse effects OR poisoning OR toxicity)	17
S87	SU Citalopram AND SU (adverse effects OR poisoning OR toxicity)	16
S88	S81 OR S82 OR S83 OR S84 OR S85 OR S86 OR S87	96
S89	S88 AND S9	11
S90	S80 OR S89	1,525
S91	S80 OR S89; Limiters - Published Date from: 20061101-	805
S92	S80 OR S89; Limiters - Published Date from: 20061101-; Document Type: Journal Article	637
S39	SU Bupropion	863
S40	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	4,090
S41	S39 OR S40	4,090
S93	S41 AND S52	2,049
S94	S93 AND S79	807
S95	S94 AND S9; Limiters - Document Type: Journal Article	58
S96	S92 OR S96	643
S93	S41 AND S52	2,049
S47	TI (depress* OR depression OR depressive OR depressed) OR AB (depress* OR depression OR depressive OR depressed)	206,685
S2	SU depression	114,945
S3	SU Depressive Disorder	8,077
S5	SU major depressive disorder	5,093
S48	S2 OR S3 OR S5 OR S47	211,972
S16	SU second generation antidepressants	20
S17	SU serotonin uptake inhibitors	84
S18	SU antidepressants	16,788
S19	SU Fluoxetine	3,541
S20	SU Fluvoxamine	933
S21	SU Paroxetine	1,675
S22	SU Sertraline	1,271
S23	SU Citalopram	1,178
S24	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive	37,965

Appendix B. Search Strategy and Detailed Methods

ID	Search	Results
	drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	
S25	SU Bupropion	897
S26	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	4,305
S27	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	41,398
S28	SU Psychotherapy	87,793
S29	SU Psychotherapy, brief	4,895
S30	SU Psychotherapy, Group	17,977
S31	SU cognitive therapy	22,411
S32	SU behavior therapy	26,450
S33	SU Self-Help Groups	863
S34	SU Family Therapy	18,923
S35	SU counseling	54,734
S36	SU Directive Counseling	91
S37	SU Problem Solving	26,286
S38	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving)	382,195
S39	S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38	440,675
S53	S27 AND S48	25,829
S54	S39 AND S48	39,548
S55	S53 OR S54	60,298
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	801,397
S56	S55 AND S9	11,644
S57	SU Adverse Drug Reaction Reporting Systems	0
S58	SU Drug Toxicity	90
S59	SU Drug Hypersensitivity	11
S60	SU Death	30,939
S61	SU Suicide	27,227
S62	SU Attempted Suicide	7,768
S63	SU Self-Injurious Behavior	2,263
S64	SU Adverse effects	1,113
S65	SU Chemically induced	26
S66	SU Drug effects	22,022
S67	SU Mortality	10,616
S68	SU Poisoning	1,565
S69	SU Toxicity	2,812
S70	TI (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*) OR AB (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*) OR KW overdos*	163,241
S71	S57 OR S58 OR S59 OR S60 OR S61 OR S62 OR S63 OR S64 OR S65 OR S66 OR S67 OR S68 OR S69 OR S70	193,016
S72	S56 AND S71	2,564
S73	SU second generation antidepressants AND SU (adverse effects OR poisoning OR toxicity)	0

Appendix B. Search Strategy and Detailed Methods

ID	Search	Results
S74	SU serotonin uptake inhibitors AND SU (adverse effects OR poisoning OR toxicity)	0
S75	SU Fluoxetine AND SU (adverse effects OR poisoning OR toxicity)	38
S76	SU Fluvoxamine AND SU (adverse effects OR poisoning OR toxicity)	12
S77	SU Paroxetine AND SU (adverse effects OR poisoning OR toxicity)	21
S78	SU Sertraline AND SU (adverse effects OR poisoning OR toxicity)	18
S79	SU Citalopram AND SU (adverse effects OR poisoning OR toxicity)	16
S80	SU Bupropion AND SU (adverse effects OR poisoning OR toxicity)	10
S81	S73 OR S74 OR S75 OR S76 OR S77 OR S78 OR S79 OR S80	106
S82	S81 AND S9	11
S83	S72 OR S82	2,571
S84	S72 OR S82; Limiters - Published Date from: 20120501-	206
S85	S72 OR S82; Limiters - Published Date from: 20120501-; Document Type: Journal Article	158

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ID	Search	Hits
S47	TI (depress* OR depression OR depressive OR depressed) OR AB (depress* OR depression OR depressive OR depressed)	210,349
S2	SU depression	116,686
S3	SU Depressive Disorder	8,125
S5	SU major depressive disorder	3,064
S48	S2 OR S3 OR S5 OR S47	116,686
S16	SU second generation antidepressants	20
S17	SU serotonin uptake inhibitors	84
S18	SU antidepressants	16,987
S19	SU Fluoxetine	3,559
S20	SU Fluvoxamine	936
S21	SU Paroxetine	1,680
S22	SU Sertraline	1,289
S23	SU Citalopram	1,183
S24	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	38,487
S25	SU Bupropion	915
S26	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	4,397
S27	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	41,957
S28	SU Psychotherapy	89,020
S29	SU Psychotherapy, brief	4,885
S30	SU Psychotherapy, Group	18,079
S31	SU cognitive therapy	22,624
S32	SU behavior therapy	26,187
S33	SU Self-Help Groups	858
S34	SU Family Therapy	18,962
S35	SU counseling	55,343
S36	SU Directive Counseling	70
S37	SU Problem Solving	26,539
S38	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB (psychotherapy* OR (cognitive	388,998

Appendix B. Search Strategy and Detailed Methods

ID	Search	Hits
	AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving)	
S39	S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38	447,920
S53	S27 AND S48	20,036
S54	S39 AND S48	20,398
S55	S53 OR S54	36,707
S9	TX child OR children OR adolescen* OR teen OR teens OR teenage*	814,963
S56	S55 AND S9	5,828
S57	SU Adverse Drug Reaction Reporting Systems	0
S58	SU Drug Toxicity	78
S59	SU Drug Hypersensitivity	10
S60	SU Death	31,580
S61	SU Suicide	27,627
S62	SU Attempted Suicide	7,838
S63	SU Self-Injurious Behavior	2,331
S64	SU Adverse effects	1,140
S65	SU Chemically induced	26
S66	SU Drug effects	22,036
S67	SU Mortality	10,955
S68	SU Poisoning	1,581
S69	SU Toxicity	2,846
S70	TI (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*) OR AB (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*) OR KW overdos*	166,608
S71	S57 OR S58 OR S59 OR S60 OR S61 OR S62 OR S63 OR S64 OR S65 OR S66 OR S67 OR S68 OR S69 OR S70	196,561
S72	S56 AND S71	1,283
S73	SU second generation antidepressants AND SU (adverse effects OR poisoning OR toxicity)	0
S74	SU serotonin uptake inhibitors AND SU (adverse effects OR poisoning OR toxicity)	0
S75	SU Fluoxetine AND SU (adverse effects OR poisoning OR toxicity)	38
S76	SU Fluvoxamine AND SU (adverse effects OR poisoning OR toxicity)	12
S77	SU Paroxetine AND SU (adverse effects OR poisoning OR toxicity)	21
S78	SU Sertraline AND SU (adverse effects OR poisoning OR toxicity)	18
S79	SU Citalopram AND SU (adverse effects OR poisoning OR toxicity)	16
S80	SU Bupropion AND SU (adverse effects OR poisoning OR toxicity)	10
S81	S73 OR S74 OR S75 OR S76 OR S77 OR S78 OR S79 OR S80	106
S82	S81 AND S9	11
S83	S72 OR S82	1,292
S84	S72 OR S82; Limiters - Published Date from: 20120501-	112
S85	S72 OR S82; Limiters - Published Date from: 20120501-; Document Type: Journal Article	94
S90	S72 OR S82; Limiters - Published Date from: 20130101-; Document Type: Journal Article	62

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#	Query	Limiters/Expanders	Last Run Via	Results
S62	S61	Limiters - Published Date: 20140401-; Document Type: Journal Article	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	39

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
		Search modes - Boolean/Phrase	Database - PsycINFO	
S61	S50 OR S60	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,750
S60	S33 AND S59	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	11
S59	S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57 OR S58	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	109
S58	SU Bupropion AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	10
S57	SU Citalopram AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	16
S56	SU Sertraline AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	18
S55	SU Paroxetine AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	22
S54	SU Fluvoxamine AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	12
S53	SU Fluoxetine AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	40
S52	SU serotonin uptake inhibitors AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	0
S51	SU second generation antidepressants AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	0
S50	S34 AND S49	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,743
S49	S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	205,099
S48	TI (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	174,056

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
	damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*) OR AB (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*)) OR KW overdos*			
S47	SU Toxicity	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,960
S46	SU Poisoning	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,617
S45	SU Mortality	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	11,636
S44	SU Drug effects	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	22,780
S43	SU Chemically induced	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	26
S42	SU Adverse effects	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,223
S41	SU Self-Injurious Behavior	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,544
S40	SU Attempted Suicide	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,086
S39	SU Suicide	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	28,719
S38	SU Death	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	32,946
S37	SU Drug Hypersensitivity	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	10

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Database - PsycINFO	
S36	SU Drug Toxicity	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	82
S35	SU Adverse Drug Reaction Reporting Systems	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	0
S34	S32 AND S33	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	12,432
S33	TX child OR children OR adolescen* OR teen OR teens OR teenage*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	841,528
S32	S30 OR S31	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	63,900
S31	S5 AND S29	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	42,311
S30	S5 AND S17	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	26,997
S29	S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	462,660
S28	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB ((psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	402,762

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S27	SU Problem Solving (solving))	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,171
S26	SU Directive Counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	70
S25	SU counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	56,470
S24	SU Family Therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	19,281
S23	SU Self-Help Groups	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	867
S22	SU behavior therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,431
S21	SU cognitive therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	23,869
S20	SU Psychotherapy, Group	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	18,293
S19	SU Psychotherapy, brief	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,965
S18	SU Psychotherapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	90,926
S17	S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	43,188
S16	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,582
S15	SU Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	937
S14	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	39,617

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
	OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)			
S13	SU Citalopram	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,205
S12	SU Sertraline	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,317
S11	SU Paroxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,698
S10	SU Fluvoxamine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	941
S9	SU Fluoxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,613
S8	SU antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17,519
S7	SU serotonin uptake inhibitors	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	85
S6	SU second generation antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	21
S5	S1 OR S2 OR S3 OR S4	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	223,975

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S4	SU major depressive disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,568
S3	SU Depressive Disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,670
S2	SU depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	121,695
S1	TI depress* OR depression OR depressive OR depressed) OR AB (depress* OR depression OR depressive OR depressed	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	218,453

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#	Query	Limiters/Expanders	Last Run Via	Results
S62	S61	Limiters - Published Date: 20141001-20150231; Document Type: Journal Article Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	32
S61	S50 OR S60	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,521
S60	S33 AND S59	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8
S59	S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57 OR S58	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	112
S58	SU Bupropion AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	11
S57	SU Citalopram AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17
S56	SU Sertraline AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	19
S55	SU Paroxetine AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	22
S54	SU Fluvoxamine AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	12

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Database - PsycINFO	
S53	SU Fluoxetine AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	40
S52	SU serotonin uptake inhibitors AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	0
S51	SU second generation antidepressants AND SU (adverse effects OR poisoning OR toxicity)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	0
S50	S34 AND S49	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,516
S49	S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	209,895
S48	TI (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*) OR AB (Harm* OR death OR suicide OR suicidal* OR mania OR manic episode* OR self damage* OR self injur* OR self inflict* OR death* OR adverse effect* OR adverse event* OR adverse reaction* OR overdos*)) OR KW overdos*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	178,142
S47	SU Toxicity	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,020
S46	SU Poisoning	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,637
S45	SU Mortality	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	11,911
S44	SU Drug effects	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	23,328
S43	SU Chemically induced	Search modes -	Interface - EBSCOhost Research	27

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
		Boolean/Phrase	Databases Search Screen - Advanced Search Database - PsycINFO	
S42	SU Adverse effects	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,267
S41	SU Self-Injurious Behavior	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	2,708
S40	SU Attempted Suicide	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,210
S39	SU Suicide	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	29,258
S38	SU Death	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	33,574
S37	SU Drug Hypersensitivity	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	10
S36	SU Drug Toxicity	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	83
S35	SU Adverse Drug Reaction Reporting Systems	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	0
S34	S32 AND S33	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	11,479
S33	TX child OR children OR adolescen* OR teen OR teens OR teenage*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	726,957
S32	S30 OR S31	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	65,801
S31	S5 AND S29	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	43,733
S30	S5 AND S17	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,648
S29	S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	471,440

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S28	TI (psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving) OR AB ((psychotherapy* OR (cognitive AND (therap* OR treatment* OR intervention*)) OR (behavior* AND (therap* OR treatment* OR intervention*)) OR interpersonal therap* OR interpersonal intervention* OR self help OR family support OR parent* education OR counsel* OR problem solving))	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	410,868
S27	SU Problem Solving	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	27,531
S26	SU Directive Counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	71
S25	SU counseling	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	57,058
S24	SU Family Therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	19,493
S23	SU Self-Help Groups	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	872
S22	SU behavior therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	28,113
S21	SU cognitive therapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	24,467
S20	SU Psychotherapy, Group	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	18,460

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
S19	SU Psychotherapy, brief	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,005
S18	SU Psychotherapy	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	92,053
S17	S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	43,941
S16	serotonin norepinephrine reuptake inhibitors OR snri* OR "norepinephrine reuptake inhibitors" OR venlafaxine OR duloxetine OR Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	4,686
S15	SU Bupropion	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	947
S14	TI (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro) OR AB (antidepressant* OR antidepressives OR antidepressive agent* OR antidepressive drug* OR selective serotonin reuptake inhibitor* OR ssri OR ssris OR fluoxetine OR Prozac OR fluvoxamine OR luvox OR paroxetine OR paxil OR sertraline OR Zoloft OR citalopram OR celexa OR escitalopram OR Lexapro)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	40,301
S13	SU Citalopram	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,223
S12	SU Sertraline	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	1,330
S11	SU Paroxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases	1,709

Appendix B. Search Strategy and Detailed Methods

#	Query	Limiters/Expanders	Last Run Via	Results
			Search Screen - Advanced Search Database - PsycINFO	
S10	SU Fluvoxamine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	946
S9	SU Fluoxetine	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	3,650
S8	SU antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	17,848
S7	SU serotonin uptake inhibitors	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	86
S6	SU second generation antidepressants	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	22
S5	S1 OR S2 OR S3 OR S4	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	230,176
S4	SU major depressive disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	5,752
S3	SU Depressive Disorder	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	8,901
S2	SU depression	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	124,526
S1	TI depress* OR depression OR depressive OR depressed) OR AB (depress* OR depression OR depressive OR depressed	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - PsycINFO	230,176

Grey Literature Searches

9/3/2013 ClinicalTrials.Gov

Search	Query	Items found
1	(depression OR depressive disorder OR dysthym*)[DISEASE]	3214
2	"Child" [AGE-GROUP]	33276
3	(screen* OR case find* OR inventor* OR scale OR questionnaire)[TREATMENT]	4719
4	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire) [TREATMENT] AND "Child" [AGE-GROUP]	36
5	(Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR	2514

Appendix B. Search Strategy and Detailed Methods

	escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) [TREATMENT]	
6	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) [TREATMENT] AND "Child" [AGE-GROUP]	83
7	(Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT]	10841
8	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (Psychotherapy OR ((cognitive OR behavior OR interpersonal) AND (therapy OR treatment OR intervention)) OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND "Child" [AGE-GROUP]	227
9	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND "Child" [AGE-GROUP]	309

1/13/2014 ClinicalTrials.Gov

Search	Query	Items found
1	(depression OR depressive disorder OR dysthym*)[DISEASE]	3362
2	"Child" [AGE-GROUP]	34641
3	(screen* OR case find* OR inventor* OR scale OR questionnaire)[TREATMENT]	5056
4	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire) [TREATMENT] AND "Child" [AGE-GROUP]	38
5	(Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) [TREATMENT]	2583
6	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) [TREATMENT] AND "Child" [AGE-GROUP]	87
7	(Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT]	11555
8	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (Psychotherapy OR ((cognitive OR behavior OR interpersonal) AND (therapy OR treatment OR intervention)) OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND "Child" [AGE-GROUP]	239
9	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR	325

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND "Child" [AGE-GROUP]	
10	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND "Child" [AGE-GROUP] AND ("09/03/2012" : MAX) [LAST-RELEASE-DATE]	159
4/10/2014 ClinicalTrials.Gov		
Search	Query	Items found
1	(depression OR depressive disorder OR dysthym*)[DISEASE]	3472
2	"Child" [AGE-GROUP]	35709
3	(screen* OR case find* OR inventor* OR scale OR questionnaire)[TREATMENT]	5336
4	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire) [TREATMENT] AND "Child" [AGE-GROUP]	40
5	(Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) [TREATMENT]	2644
6	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) [TREATMENT] AND "Child" [AGE-GROUP]	89
7	(Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT]	12090
8	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (Psychotherapy OR ((cognitive OR behavior OR interpersonal) AND (therapy OR treatment OR intervention)) OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND "Child" [AGE-GROUP]	249
9	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND "Child" [AGE-GROUP]	337
10	(depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR Luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR	55

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND "Child" [AGE-GROUP] AND ("01/01/2014" : MAX) [LAST-RELEASE-DATE]	

10/28/14 ClinicalTrials.gov

"Child" [AGE-GROUP] AND (depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND ("04/10/2014" : "10/28/2014") [LAST-RELEASE-DATE]

2/5/15 ClinicalTrials.gov

"Child" [AGE-GROUP] AND (depression OR depressive disorder OR dysthym*) [DISEASE] AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) [TREATMENT] AND ("10/28/2014" : "02/05/2015") [LAST-RELEASE-DATE]

9/3/2013 HSRProj

Search	Query	Items found
1	(depression OR depressive disorder OR dysthym*)	897
2	(child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	2337
3	(screen* OR case find* OR inventor* OR scale OR questionnaire)	1284
4	(depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	37
5	(Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion)	136
6	(depression OR depressive disorder OR dysthym*) AND (Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	10
7	(Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving)	3436
8	(depression OR depressive disorder OR dysthym*) AND (Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	129
9	(depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR	137

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	
1/13/14 HSRProj		
Search	Query	Items found
1	(depression OR depressive disorder OR dysthym*)	893
2	(child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	2265
3	(screen* OR case find* OR inventor* OR scale OR questionnaire)	1250
4	(depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	36
5	(Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion)	126
6	(depression OR depressive disorder OR dysthym*) AND (Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	10
7	(Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving)	3379
8	(depression OR depressive disorder OR dysthym*) AND (Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	126
9	(depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	136

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
10	((depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zolof OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)) Advanced Search on : Project status = Ongoing & Completed(Default) : Initial Year Range = 2012 - Year	20
4/10/14 HSRProj		
Search	Query	Items found
1	(depression OR depressive disorder OR dysthym*)	917
2	(child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	2303
3	(screen* OR case find* OR inventor* OR scale OR questionnaire)	1297
4	(depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	36
5	(Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zolof OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion)	126
6	(depression OR depressive disorder OR dysthym*) AND (Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zolof OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	10
7	(Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving)	3479
8	(depression OR depressive disorder OR dysthym*) AND (Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	127
9	(depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zolof OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)	137
10	((depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zolof OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR	0

Appendix B. Search Strategy and Detailed Methods

Search	Query	Items found
	interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth)) Advanced Search on : Project status = Ongoing & Completed(Default) : Initial Year Range = 2014 - Year	

10/28/14 HSRProj

10	(depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth) Advanced Search on : Project status = Ongoing & Completed(Default) : Initial Year Range = 2014 - Year	
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2/5/15 HSRProj

	(depression OR depressive disorder OR dysthym*) AND (screen* OR case find* OR inventor* OR scale OR questionnaire OR Antidepressive Agents* OR Serotonin Uptake Inhibitor* OR antidepressant* OR antidepressive* OR selective serotonin reuptake inhibitor* OR ssri* OR Fluoxetine OR Prozac OR Fluvoxamine OR luvox OR Paroxetine OR paxil OR Sertraline OR Zoloft OR Citalopram OR celexa OR escitalopram OR Lexapro OR snri* OR nri* OR venlafaxine OR duloxetine OR Bupropion OR Psychotherapy OR cognitive therapy OR behavior therapy OR interpersonal therapy OR cognitive treatment OR behavior treatment OR interpersonal treatment OR cognitive intervention OR behavior intervention OR interpersonal intervention OR self-help OR family therapy OR family support OR parent education OR counsel* OR problem solving) AND (child* OR teen* OR pediatric OR paediatric OR adolescen* OR boys OR girls OR youth) Advanced Search on : Project status = Ongoing & Completed(Default) : Initial Year Range = 2014 - Year	
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9/3/2013 WHO ICTRP

Search	Query	Items found
1	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Search for clinical trials in children Recruitment Status: ALL	13503
2	Condition: depression OR depressive disorder OR dysthymi Search for clinical trials in children Recruitment Status: ALL	6631
3	Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL	3766
4	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Condition: depression OR depressive disorder OR dysthymi Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL	666
5	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Condition: depression OR depressive disorder OR dysthymi Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL Minus ClinicalTrials.Gov	181

Appendix B. Search Strategy and Detailed Methods

1/13/14 WHO ICTRP

Search	Query	Items found
1	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Search for clinical trials in children Recruitment Status: ALL	14158
2	Condition: depression OR depressive disorder OR dysthymi Search for clinical trials in children Recruitment Status: ALL	555
3	Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL	3927
4	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Condition: depression OR depressive disorder OR dysthymi Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL	172
5	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Condition: depression OR depressive disorder OR dysthymi Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL Date of registration: From 03/09/2012	27
6	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Condition: depression OR depressive disorder OR dysthymi Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL Date of registration: From 03/09/2012 Minus ClinicalTrials.Gov	11

4/10/14 WHO ICTRP

Search	Query	Items found
1	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Search for clinical trials in children Recruitment Status: ALL	4113
2	Condition: depression OR depressive disorder OR dysthymi Search for clinical trials in children Recruitment Status: ALL	468
3	Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL	850
4	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Condition: depression OR depressive disorder OR dysthymi Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL	174
5	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Condition: depression OR depressive disorder OR dysthymi Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL	2

Appendix B. Search Strategy and Detailed Methods

	Date of registration: From 01/01/2014	
6	Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth Condition: depression OR depressive disorder OR dysthymi Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel Search for clinical trials in children Recruitment Status: ALL Date of registration: From 01/01/2014 Minus ClinicalTrials.Gov	1

10/28/14 WHO ICTRP

Search:

Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth

Condition: depression OR depressive disorder OR dysthymi

Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel

Search for clinical trials in children

Recruitment Status: ALL

Date of registration: From 01/01/2014

Minus ClinicalTrials.Gov (1)

2/5/15 WHO ICTRP

Advanced Search:

Title: child OR teen OR pediatric OR paediatric OR adolescen OR boys OR girls OR youth

Condition: depression OR depressive disorder OR dysthymi*

Intervention: screen OR case find OR antidepressant OR antidepressive OR cognitive OR behavior OR interpersonal OR counsel

Search for clinical trials in children

Recruitment Status: ALL

Date of registration: From 10/28/2014 – 02/05/2015

Appendix B Table 1. Inclusion and Exclusion Criteria

	Inclusion	Exclusion
Populations	<p>KQs 1–4: Children and adolescents age 18 years or younger who are representative of a population seen in a primary care setting</p> <p>KQs 5, 6: Children and adolescents age 18 years or younger who are representative of a population seen in a primary care or similar setting identified with MDD</p>	<ul style="list-style-type: none"> • Populations in which the majority of the sample is not age 18 years or younger, such as adults older than age 18 years • Mixed populations of adults and children without a separate analysis of pediatric outcomes (age 18 years or younger) • Population in which the sample is not representative of a population in a primary care setting, such as one sampled entirely from a specialty care population or from a population in which >50% of the sample has a medical condition (e.g., cancer) or other psychiatric disorder (e.g., eating disorder) • Screening for or treatment of minor depression, dysthymia, or other diagnoses without a separate analysis of MDD
Interventions: Screening	<ul style="list-style-type: none"> • Screening instruments that are feasible for primary care or comparable settings; that is, instruments that take ≤15 minutes to complete if delivered prior to clinician and patient face-to-face contact (e.g., in the waiting or examination room, before clinician entrance), ≤5 minutes or five questions if used during the face-to-face visit, and feasible to score in primary care settings • More general mental health screening tools, if they have a depression module or are being used to identify depressive illness and related outcomes 	<ul style="list-style-type: none"> • Screening instruments that are not feasible for primary care or comparable settings; that is, instruments that take >15 minutes to complete if delivered prior to clinician and patient face-to-face contact (e.g., in the waiting or examination room, before clinician entrance), >5 minutes or five questions if used during the face-to-face visit, or not feasible to score in primary care settings • More general mental health screening tools, if they do not have a depression module and are not being used to identify depressive illness
Interventions: Treatment	<p>Pharmacological interventions:</p> <ul style="list-style-type: none"> • Selective serotonin reuptake inhibitors: fluoxetine, fluvoxamine, sertraline, citalopram, and escitalopram <p>Psychotherapy interventions:</p> <ul style="list-style-type: none"> • Cognitive-behavioral therapy • Interpersonal psychotherapy <p>Other interventions:</p> <ul style="list-style-type: none"> • Pure or guided self-help • Family support • Parental education • Peer support • Collaborative care interventions • Other interventions not specifically listed in the exclusion criteria <p>Combined interventions:</p> <ul style="list-style-type: none"> • Combinations of pharmacological, psychological, behavioral, or other interventions 	<p>Pharmacological interventions:</p> <ul style="list-style-type: none"> • Tricyclic antidepressants • Monoamine oxidase inhibitors • Paroxetine • SNRIs, NDRIs, other types of off-label pharmacological interventions <p>Other therapy:</p> <ul style="list-style-type: none"> • CAM • Electroconvulsive therapy • Other interventions that are not primary care feasible or referable
Comparisons	<p>KQs 1, 3, 4:</p> <ul style="list-style-type: none"> • Screened vs. unscreened <p>KQ 2:</p> <ul style="list-style-type: none"> • Screening instrument vs. gold standard diagnostic instrument <p>KQ 5:</p> <ul style="list-style-type: none"> • Medications vs. placebo • Nonpharmacological vs. wait-list control, usual care, or supportive counseling 	<p>KQs 1, 3–6:</p> <ul style="list-style-type: none"> • Single-group design with no comparator • Active comparator of screening instrument (KQs 1–4) or treatment (KQs 5, 6)

Appendix B Table 1. Inclusion and Exclusion Criteria

	Inclusion	Exclusion
	<ul style="list-style-type: none"> Intervention vs. sham <p>KQ 6:</p> <ul style="list-style-type: none"> Medications vs. placebo Intervention vs. wait-list control Intervention vs. usual care Intervention vs. sham 	
Outcomes	<p>KQ 1: Primary outcomes of interest:</p> <ul style="list-style-type: none"> Remission from MDD Depressive symptoms (severity) <p>Additional outcomes of interest:</p> <ul style="list-style-type: none"> Health status, quality of life Academic, psychosocial, and global functioning High-risk behaviors (e.g., delinquency, unplanned pregnancy, substance use) Mental or physical health symptoms Suicidality or death <p>KQ 2:</p> <ul style="list-style-type: none"> Sensitivity Specificity Positive predictive value Receiver operator curve characteristics (area under the curve) <p>KQ 3:</p> <ul style="list-style-type: none"> MDD diagnosis <p>KQ 4:</p> <ul style="list-style-type: none"> False-positive results leading to unnecessary treatment Stigma Opportunity costs Resources (staff needed to perform screening and training for staff on the use of screening instruments) <p>KQ 5: Primary outcomes of interest</p> <ul style="list-style-type: none"> Remission from MDD Depressive symptoms or severity Recurrence of MDD <p>Additional outcomes of interest</p> <ul style="list-style-type: none"> Health status, quality of life Academic, psychosocial, and global functioning High-risk behaviors (e.g., delinquency, unplanned pregnancy, substance use) Mental or physical health symptoms <p>KQ 6: Suicidality or death</p> <ul style="list-style-type: none"> Death from suicide or other causes Other serious psychiatric events (such as hospitalization, suicidal ideation, and suicide attempts) Triggering symptoms of mania Discontinuation of medication due to adverse events Side effects of medications 	<p>KQs 1, 3, 4–6: All other outcomes not listed in inclusion criteria</p>

Appendix B Table 1. Inclusion and Exclusion Criteria

	Inclusion	Exclusion
Timing	<p>KQs 1, 3, 5: Outcomes reported at 6-week followup or later</p> <p>KQ 2: Diagnostic accuracy compared with an independent standard, assessed at ≤ 2 months after the screening test</p>	<p>KQs 1, 3, 5: Outcomes reported earlier than 6 weeks following screening or treatment</p> <p>KQ 2: Diagnostic accuracy compared with an independent standard, assessed at > 2 months after the screening test</p>
Settings	<p>KQs 1, 3:</p> <ul style="list-style-type: none"> Primary care settings United States and other countries with a very high Human Development Index <p>KQs 2, 4:</p> <ul style="list-style-type: none"> Primary care-, school-, or nonclinic-based settings (e.g., church or after school) United States and other countries with a very high Human Development Index <p>KQs 5, 6:</p> <ul style="list-style-type: none"> Primary care Outpatient settings that receive referrals from primary care settings United States and other countries with a very high Human Development Index 	<p>KQs 1, 3:</p> <ul style="list-style-type: none"> Settings not comparable with a primary care setting (e.g., mental health specialty settings) Inpatients or those in residential or drug treatment programs; conducted with incarcerated populations Countries with a Human Development Index of low to high <p>KQs 2, 4:</p> <ul style="list-style-type: none"> Settings not comparable with a primary care-, school-, or nonclinic-based setting (e.g., mental health specialty settings) Inpatients or those in residential treatment or drug treatment programs; conducted with incarcerated populations Countries with a Human Development Index of low to high <p>KQs 5, 6:</p> <ul style="list-style-type: none"> Inpatients or those in residential or drug treatment programs; conducted with incarcerated populations Countries with a Human Development Index of low to high
Study Designs	<p>KQs 1, 3, 4–6:</p> <ul style="list-style-type: none"> Randomized, controlled trials Controlled clinical trials Systematic reviews published since 2011 <p>Criteria specific to KQ 2:</p> <ul style="list-style-type: none"> Test/retest studies (test compared with gold standard) that are stand alone or incorporated within other study designs <p>Criteria specific to KQ 4:</p> <ul style="list-style-type: none"> Prospective cohort studies with sample size $\geq 1,000$ Retrospective cohort studies with sample size $\geq 1,000$ <p>Criteria specific to KQ 6:</p> <ul style="list-style-type: none"> Prospective cohort studies with a sample size $\geq 1,000$ Retrospective cohort studies with a sample size $\geq 1,000$ 	<p>KQs 1, 3, 4–6:</p> <ul style="list-style-type: none"> Letters to the editor without primary reviews published since 2011 <p>Criteria specific to KQs 1, 3:</p> <ul style="list-style-type: none"> Prspective or retrospective cohort studies <p>Criteria specific to KQ 2:</p> <ul style="list-style-type: none"> Does not report sensitivity and specificity compared with an independently assessed criterion standard for MDD <p>Criteria specific to KQ 4:</p> <ul style="list-style-type: none"> Prospective cohort studies with a sample size $< 1,000$ Retrospective cohort studies with a sample size $< 1,000$ <p>Criteria specific to KQ 6:</p> <ul style="list-style-type: none"> Prospective cohort studies with a sample size $< 1,000$ Retrospective cohort studies with a sample size $< 1,000$
Language	English	Non-English
Date of Publication	Any date subsequent to the latest date searched in the prior review	Any date included in the prior review

Appendix C. Excluded Studies

X 1	Wrong publication type (Editorials, Letters, Opinions, or Commentaries to the editor with no primary data, Nonsystematic Review articles)
X 2	Wrong population (Majority of sample not 0 – 18 years of age or study did not report that at least 50 percent of the sample had MDD)
X 3	Wrong or no comparator (Single group design with no comparator; Active comparator of screening instrument or treatment [e.g., head-to-head trial])
X 4	Wrong or no outcome (See Include/Exclude criteria for exceptions)
X 5	Wrong timing (Outcomes reported < 6 weeks following screening or treatment; diagnostic accuracy compared with independent standard assessed >2 months after screening)
X 6	Wrong setting (Settings not comparable with a primary care or school-based setting; In-patients or those in residential treatment or drug treatment program; incarcerated populations)
X 7	Wrong geographical setting (Countries with human development index of low to high)
X 8	Wrong Study Design (Case reports, case series)
X 9	Wrong or no intervention (As defined for screenings and pharmaceutical interventions in Include/Exclude criteria)
X 10	Study size (for cohort studies, only) <1,000 subjects
X 11	Wrong publication date (for SR and MA only) published before 2011
X 12	Wrong language
X 13	Included in the 2009 Report
X 14	Full text unavailable for review

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| <p>1. Suicidal ideas with paroxetine or venlafaxine. <i>Prescribe Int.</i> 2004 Feb;13(69):21. PMID: 15055220. Exclusion Code: X 1</p> <p>2. Depression in children and young people: identification and management in primary, community and secondary care (Structured abstract). <i>Database of Abstracts of Reviews of Effects: British Psychological Society</i>; 2005. p. 233. Exclusion Code: X 11</p> <p>3. Fluoxetine: new indication. Depression in children: too many uncertainties. <i>Prescribe Int.</i> 2008 Oct;17(97):186-7. PMID: 19534039. Exclusion Code: X 1</p> <p>4. An update on depression in children and adolescents. <i>J Clin Psychiatry.</i> 2008 Nov;69(11):1818-28. PMID: 19200430. Exclusion Code: X 1</p> <p>5. Extended-release fluvoxamine (Luvox CR). <i>Med Lett Drugs Ther.</i> 2008 Jun 30;50(1289):50-1. PMID: 18583947. Exclusion Code: X 2</p> <p>6. School-based safety interventions. Identifying children and teens at risk for depression or violence. <i>Harv Ment Health Lett.</i> 2008 Sep;25(3):1-3. PMID: 18839479. Exclusion Code: X 1</p> <p>7. Second-step treatments for adolescent depression. The TORDIA study suggests options when initial drug treatment fails. <i>Harv Ment Health Lett.</i> 2010 Oct;27(4):6. PMID: 21032849. Exclusion Code: X 1</p> | <p>8. A Study in the Treatment of Children and Adolescents With Major Depressive Disorder. 2012. Exclusion Code: X 2</p> <p>9. Aebi M, Metzke CW, Steinhausen HC. Prediction of major affective disorders in adolescents by self-report measures. <i>J Affect Disord.</i> 2009 May;115(1-2):140-9. PMID: 18947881. Exclusion Code: X 3</p> <p>10. Akerblad AC, Bengtsson F, Knorrning L, et al. Response, remission and relapse in relation to adherence in primary care treatment of depression: a 2-year outcome study. <i>Int Clin Psychopharmacol</i>; 2006. p. 117-24. Exclusion Code: X 2</p> <p>11. Alegria M, Ludman E, Kafali EN, et al. Effectiveness of the Engagement and Counseling for Latinos (ECLA) intervention in low-income Latinos. <i>Med Care.</i> 2014 Nov;52(11):989-97. PMID: 25310525. Exclusion Code: X 2</p> <p>12. Allgaier AK, Pietsch K, Frühe B, et al. Screening for depression in adolescents: Validity of the patient health questionnaire in pediatric care. <i>Depress Anxiety.</i> 2012;29(10):906-13. PMID: 2012-26844-010. PMID: 22753313. First Author & Affiliation: Allgaier, Antje-Kathrin. Exclusion Code: X 6</p> |
|---|---|

Appendix C. Excluded Studies

13. Allgaier A-K, Krick K, Opitz A, et al. Improving early detection of childhood depression in mental health care: The Children's Depression Screener (ChILD-S). *Psychiatry Res.* 2014;217(3):248-52. PMID: 2014-24132-003. Exclusion Code: X 6
14. Allgaier A-K, Pietsch K, Frühe B, et al. Depression in pediatric care: Is the WHO-Five Well-Being Index a valid screening instrument for children and adolescents? *Gen Hosp Psychiatry.* 2012;34(3):234-41. PMID: 2012-12199-003. PMID: 22325631. First Author & Affiliation: Allgaier, Antje-Kathrin. Exclusion Code: X 3
15. Anderson HD, Pace WD, Libby AM, et al. Rates of 5 common antidepressant side effects among new adult and adolescent cases of depression: a retrospective US claims study. *Clin Ther.* 2012 Jan;34(1):113-23. PMID: 22177545. Exclusion Code: X 3
16. Anderson R, Ukoumunne OC, Sayal K, et al. Cost-effectiveness of classroom-based cognitive behaviour therapy in reducing symptoms of depression in adolescents: a trial-based analysis. *J Child Psychol Psychiatry.* 2014 May 12 PMID: 24813670. Exclusion Code: X 2
17. Anderson SE, Murray DM, Johnson CC, et al. Obesity and depressed mood associations differ by race/ethnicity in adolescent girls. *Int J Pediatr Obes.* 2010 Apr 6 PMID: 20367561. Exclusion Code: X 8
18. Aragonés E, Pinol JL, Labad A. Depression and physical comorbidity in primary care. *J Psychosom Res.* 2007 Aug;63(2):107-11. PMID: 17662745. Exclusion Code: X 2
19. Araneda RM, Solar FC, González PR, et al. Propiedades psicométricas del Inventario de Depresión de Beck-II en adolescentes Chilenos. *Terapia Psicológica.* 2008;26(1):59-69. PMID: 2008-12716-005. First Author & Affiliation: Araneda, Roberto Melipillán. Exclusion Code: X 12
20. Arita JH, Lin J, Pinho RS, et al. Adolescents with chronic migraine commonly exhibit depressive symptoms. *Acta Neurol Belg.* 2013 Mar;113(1):61-5. PMID: 23055110. Exclusion Code: X 2
21. Armenta BE, Sittner Hartshorn KJ, Whitbeck LB, et al. A longitudinal examination of the measurement properties and predictive utility of the Center for Epidemiologic Studies Depression Scale among North American Indigenous adolescents. *Psychol Assess.* 2014;26(4):1347-55. PMID: 2014-35683-001. Exclusion Code: X 4
22. Arnberg A, Ost LG. CBT for Children with Depressive Symptoms: A Meta-Analysis. *Cogn Behav Ther.* 2014 Sep 24:1-14. PMID: 25248459. Exclusion Code: X 2
23. Arnberg FK, Linton SJ, Hultcrantz M, et al. Internet-delivered psychological treatments for mood and anxiety disorders: a systematic review of their efficacy, safety, and cost-effectiveness. *PLoS One.* 2014;9(5):e98118. PMID: 24844847. Exclusion Code: X 2
24. Asarnow JR, Berk M, Hughes JL, et al. The SAFETY Program: A Treatment-Development Trial of a Cognitive-Behavioral Family Treatment for Adolescent Suicide Attempters. *J Clin Child Adolesc Psychol.* 2014 Sep 25:1-10. PMID: 25255931. Exclusion Code: X 2
25. Asarnow JR, Jaycox LH, Tang L, et al. Long-term benefits of short-term quality improvement interventions for depressed youths in primary care. *Am J Psychiatry.* 2009. p. 1002-10. Exclusion Code: X 2
26. Atkinson SD, Prakash A, Zhang Q, et al. A double-blind efficacy and safety study of duloxetine flexible dosing in children and adolescents with major depressive disorder. *J Child Adolesc Psychopharmacol.* 2014. p. 180-9. Exclusion Code: X 6
27. Baksheev GN, Robinson J, Cosgrave EM, et al. Validity of the 12-item General Health Questionnaire (GHQ-12) in detecting depressive and anxiety disorders among high school students. *Psychiatry Res.* 2011 May 15;187(1-2):291-6. PMID: 21067813. Exclusion Code: X 3
28. Balasubramaniam M, Telles S, Doraiswamy PM. Yoga on our minds: a systematic review of yoga for neuropsychiatric disorders. *Front Psychiatry.* 2012;3:117. PMID: 23355825. Exclusion Code: X 2
29. Balazs J, Miklosi M, Keresztesy A, et al. Adolescent subthreshold-depression and anxiety: psychopathology, functional impairment and increased suicide risk. *J Child Psychol Psychiatry.* 2013 Jan 18 PMID: 23330982. Exclusion Code: X 8

Appendix C. Excluded Studies

30. Bansal V, Goyal S, Srivastava K. Study of prevalence of depression in adolescent students of a public school. *Ind Psychiatry J*. 2009 Jan;18(1):43-6. PMID: 21234162. Exclusion Code: X 3
31. Bearsley-Smith C, Browne MO, Sellick K, et al. Does interpersonal psychotherapy improve clinical care for adolescents with depression attending a rural child and adolescent mental health service? Study protocol for a cluster randomised feasibility trial. *BMC Psychiatry*; 2007. p. 53. Exclusion Code: X 4
32. Berard R, Fong R, Carpenter DJ, et al. An international, multicenter, placebo-controlled trial of paroxetine in adolescents with major depressive disorder. *J Child Adolesc Psychopharmacol*; 2006. p. 59-75. Exclusion Code: X 9
33. Bhalerao S. Exclusion Code: X 14
34. Blazquez A, Mas S, Plana MT, et al. Plasma fluoxetine concentrations and clinical improvement in an adolescent sample diagnosed with major depressive disorder, obsessive-compulsive disorder, or generalized anxiety disorder. *J Clin Psychopharmacol*. 2014 Jun;34(3):318-26. PMID: 24743718. Exclusion Code: X 3
35. Blockman M. Selective serotonin reuptake inhibitors in children with major depression [3]. *South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde*; 2006. p. 476-7. Exclusion Code: X 1
36. Blom EH, Bech P, Hogberg G, et al. Screening for depressed mood in an adolescent psychiatric context by brief self-assessment scales--testing psychometric validity of WHO-5 and BDI-6 indices by latent trait analyses. *Health Qual Life Outcomes*. 2012;10:149. PMID: 23227908. Exclusion Code: X 2
37. Borner I, Braunstein JW, St Victor R, et al. Evaluation of a 2-question screening tool for detecting depression in adolescents in primary care. *Clin Pediatr (Phila)*. 2010 Oct;49(10):947-53. PMID: 20724330. Exclusion Code: X 3
38. Boylan K, Romero S, Birmaher B. Psychopharmacologic treatment of pediatric major depressive disorder. *Psychopharmacology (Berl)*. 2007 Mar;191(1):27-38. PMID: 16896960. Exclusion Code: X 1
39. Boyle MH, Cunningham CE, Georgiades K, et al. The Brief Child and Family Phone Interview (BCFPI): 2. Usefulness in screening for child and adolescent psychopathology. *J Child Psychol Psychiatry*. 2009;50(4):424-31. PMID: 2009-04446-007. PMID: 19175807. First Author & Affiliation: Boyle, Michael H. Exclusion Code: X 6
40. Bradley KL, Bagnell AL, Brannen CL. Factorial validity of the Center for Epidemiological Studies Depression 10 in adolescents. *Issues Ment Health Nurs*. 2010 Jun;31(6):408-12. PMID: 20450343. Exclusion Code: X 4
41. Bredemeier K, Spielberg JM, Siltan RL, et al. Screening for depressive disorders using the Mood and Anxiety Symptoms Questionnaire Anhedonic Depression Scale: a receiver-operating characteristic analysis. *Psychol Assess*. 2010 Sep;22(3):702-10. PMID: 20822283. Exclusion Code: X 2
42. Brent DA. Selective serotonin reuptake inhibitors and suicidality: a guide for the perplexed. *Can J Psychiatry*. 2009 Feb;54(2):72-4; discussion 5. PMID: 19254435. Exclusion Code: X 1
43. Brent DA. The treatment of SSRI-resistant depression in adolescents (TORDIA): in search of the best next step. *Depress Anxiety*. 2009;26(10):871-4. PMID: 19798756. Exclusion Code: X 1
44. Brent DA, Gibbons R. Initial dose of antidepressant and suicidal behavior in youth: start low, go slow. *JAMA Intern Med*. 2014 Jun;174(6):909-11. PMID: 24781493. Exclusion Code: X 1
45. Bringhenti F, Marino M. Il Children's Depression Inventory nella pratica clinica: Un contributo diagnostico dall'analisi degli item. *Psicoterapia Cognitiva e Comportamentale*. 2007;13(1):49-71. PMID: 2008-03392-003. First Author & Affiliation: Bringhenti, Franco. Exclusion Code: X 12
46. Brunstein-Klomek A, Zalsman G, Mufson L. Interpersonal psychotherapy for depressed adolescents (IPT-A). *Isr J Psychiatry Relat Sci*. 2007;44(1):40-6. PMID: 17665810. Exclusion Code: X 1

Appendix C. Excluded Studies

47. Cairney J, Veldhuizen S, Wade TJ, et al. Evaluation of 2 measures of psychological distress as screeners for depression in the general population. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*. 2007;52(2):111-20. PMID: 2007-05025-009. First Author & Affiliation: Cairney, John. Exclusion Code: X 2
48. Camenisch DR, Hilt RJ. SSRIs for anxiety and depression in children and adolescents. *Pediatr Ann*. 2013 Apr;42(4):62-6. PMID: 23590200. Exclusion Code: X 1
49. Cameron IM, Lawton K, Reid IC. Appropriateness of antidepressant prescribing: an observational study in a Scottish primary-care setting. *Br J Gen Pract*. 2009 Sep;59(566):644-9. PMID: 19761665. Exclusion Code: X 2
50. Carandang C, Jabbal R, Macbride A, et al. A review of escitalopram and citalopram in child and adolescent depression. *J Can Acad Child Adolesc Psychiatry*. 2011 Nov;20(4):315-24. PMID: 22114615. Exclusion Code: X 8
51. Carandang C, Santor D, Gardner DM, et al. Data safety monitoring boards and other study methodologies that address subject safety in "high-risk" therapeutic trials in youths. *J Am Acad Child Adolesc Psychiatry*. 2007 Apr;46(4):489-92. PMID: 17420683. Exclusion Code: X 1
52. Carmody TJ, Rush AJ, Bernstein I, et al. The Montgomery Asberg and the Hamilton ratings of depression: a comparison of measures. *Eur Neuropsychopharmacol*. 2006 Dec;16(8):601-11. PMID: 16769204. Exclusion Code: X 3
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Appendix D Table D. Quality Ratings of Studies of Screening Accuracy for MDD in Children and Adolescents (KQ 2)

First Author, Year	Screening Test adequately described?	Were selection criteria clearly described?	Is the reference standard likely to correctly classify MDD?	Is the time period between the screening test and the comparator short enough?	Do start of follow-up and start of intervention coincide?
Barrera et al., 1998 ¹	Yes	No	No	Yes	Yes
Canals et al., 2001 ²	Yes	Yes	Yes	Yes	Yes
Cuijpers et al., 2008 ³	Yes	Yes	Yes	Yes	Yes
Garrison et al., 1991 ⁴	Yes	Yes	Yes	NR	Yes
Johnson et al., 2002 ⁵	Yes	Yes	Yes	If gap>18 days, dropped	Yes
Patton et al., 1999 ⁶	Yes	Yes	Yes	Unclear	Yes
Roberts et al., 1991 ⁷	Yes	Yes	Yes	Yes	Yes
Winter et al., 1999 ⁸	Yes	Yes	Unclear	Yes	Yes
Whitaker et al., 1990 ⁹	No	Yes	Unclear	Unclear	Yes

KQ = Key Question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 1. Quality Ratings of Included Studies on Screening Accuracy for MDD in Children and Adolescents (KQ 2)

First Author, Year	Did the whole or a random selection of the sample receive screening test?	Did patients receive the same reference regardless of test results?	Was the reference standard independent of the test?	Quality Rating	Comments
Barrera et al., 1998 ¹	Yes	Yes	NR	Poor	No description of selection of students; small sample size (N=49); unclear whether reference standard was independent and blinded; reference standard reliability and validity not proven for adolescents; author acknowledges that they used the CAS instead of the more-appropriate K-SADS because they had to use interviewers who were not clinically experienced.
Canals et al., 2001 ²	No (290/304)	Yes	Unclear	Fair	Sample not representative of a school-based sample; more than half dropped out over time; mean age 18 and these are the remaining 304 of an original sample of 579 10 and 11 year olds who participated in a study many years ago; means children were stable, didn't move around a lot, and were still in school; 14 dropped out between screener and PRIME-MD assessment
Cuijpers et al., 2008 ³	No	Yes	Yes	Poor	Two different samples (one obtained through schools and the other through the Internet). Patients were stratified according to screening test results and then selected based on this stratification to receive the diagnostic interview (MINI)
Garrison et al., 1991 ⁴	No	Yes	Yes	Fair	Time period between screening and interview not reported; Sample included all persons with high screening scores and a random sample of the remainder
Johnson et al., 2002 ⁵	Yes	Yes	Yes	Fair	Sample came from two sources (each consisting of many primary care and school nurse offices); Only 162 of 403 completed interviews from the second sample were used in analyses b/c the length of time between test and interview was more than 16 days
Patton et al., 1999 ⁶	Yes: All CIS-R+ subjects were invited to second phase interview. For each CIS-R+ subject, two CIS-R) subjects were selected at random for interview from the same school.	Yes	Yes	Fair	Time lapse could explain the poor sensitivity

Appendix D Table 1. Quality Ratings of Included Studies on Screening Accuracy for MDD in Children and Adolescents (KQ 2)

First Author, Year	Did the whole or a random selection of the sample receive screening test?	Did patients receive the same reference regardless of test results?	Was the reference standard independent of the test?	Quality Rating	Comments
Roberts et al., 1991 ⁷	Yes (but response rate was only 61%)	Yes	Unclear	Fair	Response rates were low (39%)
Winter et al., 1999 ⁸	Yes	Yes	Yes	Poor	PRIME-MD is another screening tool, not a diagnostic instrument. The authors acknowledge that, in addition, the PRIME-MD had not even been validated on the adolescent population prior to this study (nor had reliability in adolescent sample been done).
Whitaker et al., 1990 ⁹	No (Stratified random sample was based on screening scores)	No--there was no diagnostic interview that had been validated in 1984	Yes	Poor	Risk of inappropriate and biased ascertainment of reference standard, time between screener and interview not specified.

Good: Evaluates relevant available screening test; uses a credible reference standard; interprets reference standard independently of screening test; reliability of test assessed; has few or handles indeterminate results in a reasonable manner; includes large number (more than 100) broad-spectrum patients with and without disease.

Fair: Evaluates relevant available screening test; uses reasonable although not best standard; interprets reference standard independent of screening test; moderate sample size (50 to 100 subjects) and a "medium" spectrum of patients.

Poor: Has fatal flaw such as: Uses inappropriate reference standard; screening test improperly administered; biased ascertainment of reference standard; very small sample size or very narrow selected spectrum of patients.

CAS = Child Assessment Schedule; CIS-R = Clinical Interview Schedule-Revised; K-SADS = Kiddie-Schedule for Affective Disorders and Schizophrenia; KQ = Key Question; MDD = major depressive disorder; MINI = Mini-International Neuropsychiatric Interview; NR =not reported, PRIME-MD = Primary Care Evaluation of Mental Disorders.

Appendix D Table 2. Quality Ratings of Included RCTs on the Benefits of SSRIs in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Was eligibility criteria described clearly?	Was inclusion/exclusion criteria measured using valid/reliable measures, implemented across all study participants?	Was symptom status determined using valid/ reliable methods?	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting differ across study groups?
Emslie et al., 1997 ¹⁰	Yes	Yes	Yes	Yes	Yes	No
Emslie et al., 2002 ¹¹	Yes	Yes	Yes	Yes	NR	NR
Emslie et al., 2009 ¹²	Yes	Yes	Yes	NR	NR	No
Findling et al., 2013 ¹³	Yes	Yes	Yes	NR	NR	No
Kennard et al., 2006 ¹⁴	No (references March 2004 publication)	NR	Yes	NR	NR	NR
March et al., 2004 ¹⁵	Yes	Yes	Yes	Yes	NR	No
Vitiello et al., 2006 ¹⁶	No (references March 2004 publication)	NR	Yes	NR	NR	NR
Wagner et al., 2004 ¹⁷	Yes	Yes	Yes	NR	NR	No
Wagner et al., 2006 ¹⁸	Yes	Yes	Yes	Yes	NR	NR

KQ = key question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 2. Quality Ratings of Included RCTs on the Benefits of SSRIs in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Did start of follow-up and start of intervention coincide?	Were baseline characteristics similar between groups? If not, did the analysis control for differences?	Were outcome assessors blinded?	Was intervention fidelity adequate?	Did variation from the study protocol compromise conclusions?
Emslie et al., 1997 ¹⁰	Yes	Yes	Unclear (double blind in title)	NR	No
Emslie et al., 2002 ¹¹	Yes	Yes	Yes	NR	No
Emslie et al., 2009 ¹²	Yes	Significance not reported	Yes	NR	No
Findling et al., 2013 ¹³	Yes	Significance not reported	Yes	NR	No
Kennard et al., 2006 ¹⁴	Yes	NR	Double blind for placebo and fluoxetine groups; single blind (evaluators) for CBT and combined groups	NR	No
March et al., 2004 ¹⁵	Yes	Yes	Yes	NR	No
Vitiello et al., 2006 ¹⁶	Yes	NR	Double blind for placebo and fluoxetine groups; single blind (evaluators) for CBT and combined groups	NR	No
Wagner et al., 2004 ¹⁷	Yes, other than 1 week placebo lead-in period	yes	Unclear (double Blind in title)	NR	No
Wagner et al., 2006 ¹⁸	Yes, other than 1 week lead-in placebo	Yes	Blinded at least for harms, double-blinded otherwise	NR	No

KQ = key question; MDD = major depressive disorder; NA = not applicable; NR = not reported.

Appendix D Table 2. Quality Ratings of Included RCTs on the Benefits of SSRIs in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Overall attrition	Did high attrition raise concern for bias?	Was analysis conducted on ITT basis?	Did the study have cross-overs or contamination raising concern for bias?	Were outcomes pre-specified/defined and adequately described?	Were outcome measures valid/reliable?
Emslie et al., 1997 ¹⁰	75%	Yes	Yes	NR	Yes	Yes
Emslie et al., 2002 ¹¹	28%	Yes	Yes	NR	Yes	Yes
Emslie et al., 2009 ¹²	17%	No	Yes	No	Yes	Yes
Findling et al., 2013 ¹³	46.7%	Yes - Overall No - Differential	Yes	No	Yes	Yes
Kennard et al., 2006 ¹⁴	13.70%	No (differential attrition NR, based on March 2004 publication)	Yes	NR	Yes	Yes
March et al., 2004 ¹⁵	18%	No	Yes	No	Yes	Yes
Vitiello et al., 2006 ¹⁶	13.7% (Based on March 2004 publication)	NR (Based on March 2004 publication)	Yes	NR	Yes	Yes
Wagner et al., 2004 ¹⁷	21%	Yes	Yes	NR	Yes	Yes
Wagner et al., 2006 ¹⁸	18%	No	Yes	NR	Yes	Yes

ITT= intent to treat; KQ = key question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 2. Quality Ratings of Included RCTs on the Benefits of SSRIs in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Was the duration of followup adequate to assess the outcome?	Was an appropriate method used to handle missing data?	Did the study use acceptable statistical methods?	Quality Rating	Comments
Emslie et al., 1997 ¹⁰	Yes	Yes (not LOCF)	Yes	Poor	Attrition and differential attrition
Emslie et al., 2002 ¹¹	Yes	NR	Yes	Poor	Attrition and differential attrition
Emslie et al., 2009 ¹²	Yes	Yes	Yes	Fair	Differences appear to be minimal between groups at baseline but p values not presented; randomization and allocation not reported
Findling et al., 2013 ¹³	Yes	Yes	Yes	Poor	Substantial overall attrition; differences appear to be minimal between groups at baseline but p values not presented; randomization and allocation not reported
Kennard et al., 2006 ¹⁴	Yes	Yes	Yes	Good	Rating good even though they did not report everything b/c we know the March 2004 study is of good quality.
March et al., 2004 ¹⁵	Yes	Yes	Yes	Good	Allocation concealment method and fidelity to CBT protocol both not reported but all other ratings indicated high quality
Vitiello et al., 2006 ¹⁶	Yes	Yes	Yes	Good	Rating good even though they did not report everything b/c we know the March 2004 study is of good quality.
Wagner et al., 2004 ¹⁷	Yes	NR	Yes	Fair	Overall 21% attrition; Patient and assessor blinding not specified
Wagner et al., 2006 ¹⁸	Yes	Yes	Yes; study site not adjusted for	Fair	Outcome assessment not reported as masked

Good: Meets all criteria: Comparable groups are assembled initially and maintained throughout the study (follow-up at least 80 percent); reliable and valid measurement instruments are used and applied equally to the groups; interventions are spelled out clearly; all important outcomes are considered; and appropriate attention to confounders in analysis. In addition, for RCTs, intention to treat analysis is used.

Fair: Studies will be graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: Generally comparable groups are assembled initially but some question remains whether some (although not major) differences occurred with follow-up; measurement instruments are acceptable (although not the best) and generally applied equally; some but not all important outcomes are considered; and some but not all potential confounders are accounted for. Intention to treat analysis is done for RCTs.

Poor: Studies will be graded "poor" if any of the following fatal flaws exists: Groups assembled initially are not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments are used or not applied at all equally among groups (including not masking outcome assessment); and key confounders are given little or no attention. For RCTs, intention to treat analysis is lacking.

CBT = cognitive behavioral therapy; G = group; ITT, intent to treat; KQ = key question; LOCF = last observation carried forward; MDD, major depressive disorder; NR, not reported.

Appendix D Table 3. Quality Ratings of Included RCTs on the Benefits of Psychotherapy in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Was eligibility criteria described clearly?	Was inclusion/exclusion criteria measured using valid/reliable measures, implemented across all study participants?	Was symptom status determined using valid/ reliable methods?	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting differ across study groups?
Clarke et al., 1999 ¹⁹	Yes	Yes	Yes	NR	NR	No
Diamond et al., 2002 ²⁰	No (reported that "20% met other exclusion criteria" after screening, but this other exclusion criteria is never reported)	Yes	Yes	NR	NR	No
Kennard et al., 2006 ¹⁴	No (references March 2004 publication)	NR	Yes	NR	NR	NR
Luby et al., 2012 ²¹	Yes	Yes	Yes	Yes	Unclear	No
March et al., 2004 ¹⁵	Yes	Yes	Yes	Yes	NR	No
Mufson et al., 1999 ²²	Yes	Yes	Yes	Yes	NR	No
Rossello et al., 1999 ²³	Yes	Yes	Yes	NR	NR	No
Sanford et al., 2006 ²⁴	Yes	Yes	Yes	Yes	Yes	No
Vitiello et al., 2006 ¹⁶	No (references March 2004 publication)	NR	Yes	NR	NR	NR

KQ = key question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 3. Quality Ratings of Included RCTs on the Benefits of Psychotherapy in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Did start of follow-up and start of intervention coincide?	Were baseline characteristics similar between groups? If not, did the analysis control for differences?	Were outcome assessors blinded?	Was intervention fidelity adequate?	Did variation from the study protocol compromise conclusions?
Clarke et al., 1999 ¹⁹	Yes	NR	Yes	NR	NR
Diamond et al., 2002 ²⁰	Yes	Yes	Yes	NR	No
Kennard et al., 2006 ¹⁴	Yes	NR	Double blind for placebo and fluoxetine groups; single blind (evaluators) for CBT and combined groups	NR	No
Luby et al., 2012 ²¹	Yes	Yes	Yes	Yes	No
March et al., 2004 ¹⁵	Yes	Yes	Yes	NR	No
Mufson et al., 1999 ²²	Yes	Yes	Yes	Yes	No
Rossello et al., 1999 ²³	Yes	NR	NR	Yes	No
Sanford et al., 2006 ²⁴	Yes	Yes	Yes	Yes	Yes
Vitiello et al., 2006 ¹⁶	Yes	NR	Double blind for placebo and fluoxetine groups; single blind (evaluators) for CBT and combined groups	NR	No

CBT = cognitive behavioral therapy; KQ = key question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 3. Quality Ratings of Included RCTs on the Benefits of Psychotherapy in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Overall attrition	Did high attrition raise concern for bias?	Was analysis conducted on ITT basis?	Did the study have cross-overs or contamination raising concern for bias?	Were outcomes pre-specified/defined and adequately described?	Were outcome measures valid/reliable?
Clarke et al., 1999 ¹⁹	22%	Yes	Yes	NR	Yes	Yes
Diamond et al., 2002 ²⁰	3%	No	No	No	Yes	No (BDI<9 used as the response to treatment at 6 weeks does not have clinical significance and has not been validated as "response" or "remission" or "recovery"
Kennard et al., 2006 ¹⁴	13.70%	No (differential attrition NR, based on March 2004 publication)	Yes	NR	Yes	Yes
Luby et al., 2012 ²¹	46.30%	Yes- Overall Yes - Differential	Yes	No	Yes	Yes
March et al., 2004 ¹⁵	18%	No	Yes	No	Yes	Yes
Mufson et al., 1999 ²²	33%	Yes	Yes	No	Yes	Yes
Rossello et al., 1999 ²³	17.8%	No	No	No	Yes	Yes
Sanford et al., 2006 ²⁴	Unclear, 1 of 2 recruiting sites dropped because of poor adherence	Unclear	No	Unclear	Yes	Yes
Vitiello et al., 2006 ¹⁶	13.7% (Based on March 2004 publication)	NR (No based on March 2004 publication)	Yes	NR	Yes	Yes

BDI = Beck Depression Inventory; ITT = intent to treat; KQ = key question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 3. Quality Ratings of Included RCTs on the Benefits of Psychotherapy in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Was the duration of followup adequate to assess the outcome?	Was an appropriate method used to handle missing data?	Did the study use acceptable statistical methods?	Quality Rating	Comments
Clarke et al., 1999 ¹⁹	Yes	Yes	Yes	Fair	Randomization and allocation concealment not reported. High attrition for an acute-phase trial, but ITT analysis done. Differential rate of attrition across sites with unknown implication
Diamond et al., 2002 ²⁰	No (only 6 week comparisons can be made)	NR	Yes	Poor	Differential follow up periods between groups (6 weeks for WL, 12 weeks for treatment). Focus on 6 week follow-up only uses BDI>9 as outcome
Kennard et al., 2006 ¹⁴	Yes	Yes	Yes	Good	Rating good even though they didn't report everything b/c we know the March study is of good quality.
Luby et al., 2012 ²¹	Yes	Yes	Yes	Poor	Large and differential attrition leaving 53.7% of the sample for followup outcome measurement; ITT analysis retains all randomized patients with a baseline measurement, but is still limited to 45/54 patients (79.6%)
March et al., 2004 ¹⁵	Yes	Yes	Yes	Good	Allocation concealment method and fidelity to CBT protocol not reported; All other ratings indicated high quality
Mufson et al., 1999 ²²	Yes	Yes	Yes	Poor	High overall and differential attrition; LOCF analysis of mostly control patients is likely to underestimate their natural improvement over the course of time and therefore result in type 1 error.
Rossello et al., 1999 ²³	Yes	No	No	Poor	No ITT analyses conducted; randomization method not reported; blinding of assessors not reported; no group differences reported at baseline other than for outcomes so don't know how groups may have differed on sociodemographic characteristics, etc., and analyses were not adjusted.
Sanford et al., 2006 ²⁴	Yes	No	Yes	Poor	High risk of bias from having dropped an entire recruitment site and not having accounted for the numbers lost in the analysis. Outcome assessment not blinded.
Vitiello et al., 2006 ¹⁶	Yes	Yes	Yes	Good	Rating good even though they didn't report everything b/c we know the March study is of good quality.

Good: Meets all criteria: Comparable groups are assembled initially and maintained throughout the study (follow-up at least 80 percent); reliable and valid measurement instruments are used and applied equally to the groups; interventions are spelled out clearly; all important outcomes are considered; and appropriate attention to confounders in analysis. In addition, for RCTs, intention to treat analysis is used.

Fair: Studies will be graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: Generally comparable groups are assembled initially but some question remains whether some (although not major) differences occurred with follow-up; measurement instruments are acceptable (although not the best) and generally applied equally; some but not all important outcomes are considered; and some but not all potential confounders are accounted for. Intention to treat analysis is done for RCTs.

Poor: Studies will be graded "poor" if any of the following fatal flaws exists: Groups assembled initially are not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments are used or not applied at all equally among groups (including not masking outcome assessment); and key confounders are given little or no attention. For RCTs, intention to treat analysis is lacking.

KQ = key question; MDD = major depressive disorder; NR = not reported; WL = waitlist.

Appendix D Table 4. Quality Ratings of Included RCTs on the Benefits of Collaborative Care in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Was eligibility criteria described clearly?	Was inclusion/exclusion criteria measured using valid/reliable measures, implemented across all study participants?	Was symptom status determined using valid/ reliable methods?	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting differ across study groups?
Richardson et al., 2014 ²⁵	Yes	Yes	Yes	Yes	NA	No

KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Did start of follow-up and start of intervention coincide?	Were baseline characteristics similar between groups? If not, did the analysis control for differences?	Were outcome assessors blinded?	Was intervention fidelity adequate?	Did variation from the study protocol compromise conclusions?
Richardson et al., 2014 ²⁵	Yes	Yes	Yes	NR	No

CBT = cognitive behavioral therapy; KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Overall attrition	Did high attrition raise concern for bias?	Was analysis conducted on ITT basis?	Did the study have cross-overs or contamination raising concern for bias?	Were outcomes pre-specified/defined and adequately described?	Were outcome measures valid/reliable?
Richardson et al., 2014 ²⁵	7%	No	Yes	No	Yes	Yes

BDI = Beck Depression Inventory; ITT = intent to treat; KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Was the duration of followup adequate to assess the outcome?	Was an appropriate method used to handle missing data?	Did the study use acceptable statistical methods?	Quality Rating	Comments
Richardson et al., 2014 ²⁵	Yes	Yes	Yes	Good	Just under 80% attrition at 6 month f/u and less than that at 12 month f/u?

Good: Meets all criteria: Comparable groups are assembled initially and maintained throughout the study (follow-up at least 80 percent); reliable and valid measurement instruments are used and applied equally to the groups; interventions are spelled out clearly; all important outcomes are considered; and appropriate attention to confounders in analysis. In addition, for RCTs, intention to treat analysis is used.

Fair: Studies will be graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: Generally comparable groups are assembled initially but some question remains whether some (although not major) differences occurred with follow-up; measurement instruments are acceptable (although not the best) and generally applied equally; some but not all important outcomes are considered; and some but not all potential confounders are accounted for. Intention to treat analysis is done for RCTs.

Poor: Studies will be graded "poor" if any of the following fatal flaws exists: Groups assembled initially are not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments are used or not applied at all equally among groups (including not masking outcome assessment); and key confounders are given little or no attention. For RCTs, intention to treat analysis is lacking.

KQ = key question; MDD = major depressive disorder; NR = not reported; WL = waitlist.

Appendix D Table 5. Quality Ratings of Included RCTs on the Benefits of SSRIs in Combination With Psychotherapy in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Was eligibility criteria described clearly?	Was inclusion/exclusion criteria measured using valid/reliable measures, implemented across all study participants?	Was symptom status determined using valid/reliable methods?	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting differ across study groups?
Kennard et al., 2006 ¹⁴	No (References March 2004 publication)	NR	Yes	NR	NR	NR
March et al., 2004 ¹⁵	Yes	Yes	Yes	Yes	NR	No
Vitiello et al., 2006 ¹⁶	No (References March 2004 publication)	NR	Yes	NR	NR	NR

KQ = key question; MDD = major depressive disorder.

First Author, Year	Did start of follow-up and start of intervention coincide?	Were baseline characteristics similar between groups? If not, did the analysis control for differences?	Were outcome assessors blinded?	Was intervention fidelity adequate?	Did variation from the study protocol compromise conclusions?
Kennard et al., 2006 ¹⁴	Yes	NR	Double blind for placebo and fluoxetine groups; single blind (evaluators) for CBT and combined groups	NR	No
March et al., 2004 ¹⁵	Yes	Yes	Yes	NR	No
Vitiello et al., 2006 ¹⁶	Yes	NR	Double blind for placebo and fluoxetine groups; single blind (evaluators) for CBT and combined groups	NR	No

KQ = key question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 5. Quality Ratings of Included RCTs on the Benefits of SSRIs in Combination With Psychotherapy in Treating MDD in Children and Adolescents (KQ 5)

First Author, Year	Overall attrition	Did high attrition raise concern for bias?	Was analysis conducted on ITT basis?	Did the study have cross-overs or contamination raising concern for bias?	Were outcomes pre-specified/defined and adequately described?	Were outcome measures valid/reliable?
Kennard et al., 2006 ¹⁴	13.70%	No (differential attrition NR, based on March 2004)	Yes	NR	Yes	Yes
March et al., 2004 ¹⁵	18%	No	Yes	No	Yes	Yes
Vitiello et al., 2006 ¹⁶	13.7% (Based on March 2004)	NR (No based on March 2004)	Yes	NR	Yes	Yes

ITT = intent to treat; KQ = key question; MDD = major depressive disorder.

First Author, Year	Was the duration of followup adequate to assess the outcome?	Was an appropriate method used to handle missing data?	Did the study use acceptable statistical methods?	Quality Rating	Comments
Kennard et al., 2006 ¹⁴	Yes	Yes	Yes	Good	Rating good even though they didn't report everything b/c we know the March study is of good quality.
March et al., 2004 ¹⁵	Yes	Yes	Yes	Good	Allocation concealment method and fidelity to CBT protocol not reported; All other ratings indicated high quality
Vitiello et al., 2006 ¹⁶	Yes	Yes	Yes	Good	Rating good even though they didn't report everything b/c we know the March study is of good quality.

Good: Meets all criteria: Comparable groups are assembled initially and maintained throughout the study (follow-up at least 80 percent); reliable and valid measurement instruments are used and applied equally to the groups; interventions are spelled out clearly; all important outcomes are considered; and appropriate attention to confounders in analysis. In addition, for RCTs, intention to treat analysis is used.

Fair: Studies will be graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: Generally comparable groups are assembled initially but some question remains whether some (although not major) differences occurred with follow-up; measurement instruments are acceptable (although not the best) and generally applied equally; some but not all important outcomes are considered; and some but not all potential confounders are accounted for. Intention to treat analysis is done for RCTs.

Poor: Studies will be graded "poor" if any of the following fatal flaws exists: Groups assembled initially are not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments are used or not applied at all equally among groups (including not masking outcome assessment); and key confounders are given little or no attention. For RCTs, intention to treat analysis is lacking.

CBT = cognitive behavioral therapy; KQ = key question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 6. Quality Ratings of Included RCTs on the Harms of SSRIs in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Was eligibility criteria described clearly?	Was inclusion/exclusion criteria measured using valid/reliable measures, implemented across all study participants?	Was symptom status determined using valid/ reliable methods?	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting differ across study groups?
Emslie et al., 1997 ¹⁰	Yes	Yes	Yes	Yes	Yes	No
Emslie et al., 2002 ¹¹	Yes	Yes	Yes	Yes	NR	NR
Emslie et al., 2006 ²⁶	Yes	Yes	Yes	Yes	NR	No
Emslie et al., 2009 ¹²	Yes	Yes	Yes	NR	NR	No
March et al., 2004 ¹⁵	Yes	Yes	Yes	Yes	NR	No
Mayes et al., 2007 ²⁷	Not in this pub but yes in prior pubs	Not in this pub but yes in prior pubs	Yes	NR	NR	No
Nilsson et al., 2004 ²⁸	No (Reported in Emslie 2002)	NR	Yes	NR	NR	NR
Wagner et al., 2004 ¹⁷	Yes	Yes	Yes	NR	NR	No
Wagner et al., 2006 ¹⁸	Yes	Yes	Yes	Yes	NR	NR

KQ = key question; MDD = major depressive disorder; NR = not reported.

Appendix D Table 6. Quality Ratings of Included RCTs on the Harms of SSRIs in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Did start of follow-up and start of intervention coincide?	Were baseline characteristics similar between groups? If not, did the analysis control for differences?	Were outcome assessors blinded?	Was intervention fidelity adequate?	Did variation from the study protocol compromise conclusions?
Emslie et al., 1997 ¹⁰	Yes other than 2 week evaluation period and 1 week placebo lead-in	Yes	Unclear, although "Double Blind" is in title	NR	No
Emslie et al., 2002 ¹¹	Yes other than 2 week evaluation period and 1 week placebo lead-in	Yes	yes	NR	No
Emslie et al., 2006 ²⁶	Yes	NR	NR	NR	No
Emslie et al., 2009 ¹²	Yes	Significance not reported	Yes	NR	No
March et al., 2004 ¹⁵	Yes	Yes	Yes	NR	No
Mayes et al., 2007 ²⁷	Yes	NR	NR	NR	NR
Nilsson et al., 2004 ²⁸	Yes	NR	Yes	NR	NR
Wagner et al., 2004 ¹⁷	Yes, other than 1 week placebo lead-in period	Yes	Unclear, although "Double Blind" is in title	NR	No
Wagner et al., 2006 ¹⁸	Yes other than 1 week placebo lead-in period	Yes	Blinded at least for harms, double-blinded otherwise	NR	No

KQ = key question; MDD = major depressive disorder; NA = not applicable; NR = not reported.

Appendix D Table 6. Quality Ratings of Included RCTs on the Harms of SSRIs in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Overall attrition	Did high attrition raise concern for bias?	Was analysis conducted on ITT basis?	Did the study have cross-overs or contamination raising concern for bias?	Were outcomes pre-specified/defined and adequately described?	Were outcome measures valid/reliable?
Emslie et al., 1997 ¹⁰	75%	Yes	Yes	NR	Yes	Yes
Emslie et al., 2002 ¹¹	28%	Yes	Yes	NR	Yes	Yes
Emslie et al., 2006 ²⁶	N/A--attrition not assessed (all observations taken)	No	No	No	Yes	Yes
Emslie et al., 2009 ¹²	17%	No	Yes	No	Yes	Yes
March et al., 2004 ¹⁵	18%	No	Yes	No	Yes	Yes
Mayes et al., 2007 ²⁷	NR	NR	No	NR	Yes	Yes
Nilsson et al., 2004 ²⁸	56.20%	No (55% vs. 57.2%)	Yes	NR	Yes	Yes
Wagner et al., 2004 ¹⁷	21%	Yes	Yes	NR	Yes	Yes
Wagner et al., 2006 ¹⁸	18%	No	Yes	NR	Yes	Yes

ITT = intent to treat; KQ = key question; MDD = major depressive disorder; NA = not applicable; NR = not reported.

Appendix D Table 6. Quality Ratings of Included RCTs on the Harms of SSRIs in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Was the duration of followup adequate to assess the outcome?	Was an appropriate method used to handle missing data?	Did the study use acceptable statistical methods?	Quality Rating	Comments
Emslie et al., 1997 ¹⁰	Yes	Yes (not LOCF)	Yes	Poor	Attrition and differential attrition
Emslie et al., 2002 ¹¹	Yes	NR	Yes	Poor	Attrition and differential attrition
Emslie et al., 2006 ²⁶	Yes	No	No	Poor	ITT not used; also, this is more concerning for the other intervention groups, but "clinicians and study participants were not blind to treatment in the COMB and CBT arms, which undoubtedly affected not only efficacy, but also safety outcomes"
Emslie et al., 2009 ¹²	Yes	Yes	Yes	Fair	Differences appear to be minimal between groups at baseline but p values not presented; randomization and allocation not reported
March et al., 2004 ¹⁵	Yes	Yes	Yes	Good	Allocation concealment method and fidelity not reported; other ratings indicated high quality
Mayes et al., 2007 ²⁷	Yes	No	Yes	Poor	"However, because subjects who did not return for at least one post-randomization visit were excluded, this is not a "pure" intent-to-treat analysis."
Nilsson et al., 2004 ²⁸	Yes	Yes	Yes	Poor	High attrition
Wagner et al., 2004 ¹⁷	Yes	NR	Yes	Fair	Overall 21% attrition; blinding not specified
Wagner et al., 2006 ¹⁸	Yes	Yes	Yes (although not adjusted for study site)	Fair	Outcome assessment not reported as masked.

Good: Meets all criteria: Comparable groups are assembled initially and maintained throughout the study (follow-up at least 80 percent); reliable and valid measurement instruments are used and applied equally to the groups; interventions are spelled out clearly; all important outcomes are considered; and appropriate attention to confounders in analysis. In addition, for RCTs, intention to treat analysis is used.

Fair: Studies will be graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: Generally comparable groups are assembled initially but some question remains whether some (although not major) differences occurred with follow-up; measurement instruments are acceptable (although not the best) and generally applied equally; some but not all important outcomes are considered; and some but not all potential confounders are accounted for. Intention to treat analysis is done for RCTs.

Poor: Studies will be graded "poor" if any of the following fatal flaws exists: Groups assembled initially are not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments are used or not applied at all equally among groups (including not masking outcome assessment); and key confounders are given little or no attention. For RCTs, intention to treat analysis is lacking.

CBT = cognitive behavioral therapy; COMB = combination; ITT = intent to treat; KQ = key question; LOCF = last observation carried forward; MDD = major depressive disorder; NR = not reported; pub = publication.

Appendix D Table 7. Quality Ratings of Included RCTs on the Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Was eligibility criteria described clearly?	Was inclusion/exclusion criteria measured using valid/reliable measures, implemented across all study participants?	Was symptom status determined using valid/reliable methods?	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting differ across study groups?
Emslie et al., 2006 ²⁶	Yes	Yes	Yes	Yes	NR	No
March et al., 2004 ¹⁵	Yes	Yes	Yes	Yes	NR	No
Mufson et al., 1999 ²²	Yes	Yes	Yes	Yes	NR	No

KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Did start of follow-up and start of intervention coincide?	Were baseline characteristics similar between groups? If not, did the analysis control for differences?	Were outcome assessors blinded?	Was intervention fidelity adequate?	Did variation from the study protocol compromise conclusions?
Emslie et al., 2006 ²⁶	Yes	NR	NR	NR	No
March et al., 2004 ¹⁵	Yes	Yes	Yes	NR	No
Mufson et al., 1999 ²²	Yes	Yes	Yes	Yes	No

KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Overall attrition	Did high attrition raise concern for bias?	Was analysis conducted on ITT basis?	Did the study have cross-overs or contamination raising concern for bias?	Were outcomes pre-specified/defined and adequately described?	Were outcome measures valid/reliable?
Emslie et al., 2006 ²⁶	N/A--attrition not assessed (all observations were taken)	No	No	No	Yes	Yes
March et al., 2004 ¹⁵	18%	No	Yes	No	Yes	Yes
Mufson et al., 1999 ²²	33%	Yes	Yes	No	Yes	Yes

ITT = intent to treat; KQ = key question; MDD = major depressive disorder; NA = not applicable.

Appendix D Table 7. Quality Ratings of Included RCTs on the Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Was the duration of followup adequate to assess the outcome?	Was an appropriate method used to handle missing data?	Did the study use acceptable statistical methods?	Quality Rating	Comments
Emslie et al., 2006 ²⁶	Yes	No	No	Poor	ITT not used; "clinicians and study participants were not blind to treatment in the COMB and CBT arms, which undoubtedly affected not only efficacy, but also safety outcomes"
March et al., 2004 ¹⁵	Yes	Yes	Yes	Good	Allocation concealment method and fidelity to CBT protocol not reported; all other ratings indicated high quality
Mufson et al., 1999 ²²	Yes	Yes	Yes	Poor	High attrition and differential attrition; LOCF analysis of mostly control patients likely to underestimate their natural improvement over the course of time and therefore result in type 1 error.

Good: Meets all criteria: Comparable groups are assembled initially and maintained throughout the study (follow-up at least 80 percent); reliable and valid measurement instruments are used and applied equally to the groups; interventions are spelled out clearly; all important outcomes are considered; and appropriate attention to confounders in analysis. In addition, for RCTs, intention to treat analysis is used.

Fair: Studies will be graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: Generally comparable groups are assembled initially but some question remains whether some (although not major) differences occurred with follow-up; measurement instruments are acceptable (although not the best) and generally applied equally; some but not all important outcomes are considered; and some but not all potential confounders are accounted for. Intention to treat analysis is done for RCTs.

Poor: Studies will be graded "poor" if any of the following fatal flaws exists: Groups assembled initially are not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments are used or not applied at all equally among groups (including not masking outcome assessment); and key confounders are given little or no attention. For RCTs, intention to treat analysis is lacking.

CBT = cognitive behavioral therapy; COMB = combination; ITT = intent to treat; KQ = key question; LOCF = last observation carried forward; MDD = major depressive disorder; N/A = Not applicable; NR = not reported.

Appendix D Table 8. Quality Ratings of Included RCTs on the Harms of Collaborative Care in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Was eligibility criteria described clearly?	Was inclusion/exclusion criteria measured using valid/reliable measures, implemented across all study participants?	Was symptom status determined using valid/reliable methods?	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting differ across study groups?
Richardson et al., 2014 ²⁵	Yes	Yes	Yes	Yes	NA	No

KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Did start of follow-up and start of intervention coincide?	Were baseline characteristics similar between groups? If not, did the analysis control for differences?	Were outcome assessors blinded?	Was intervention fidelity adequate?	Did variation from the study protocol compromise conclusions?
Richardson et al., 2014 ²⁵	Yes	Yes	Yes	NR	No

KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Overall attrition	Did high attrition raise concern for bias?	Was analysis conducted on ITT basis?	Did the study have cross-overs or contamination raising concern for bias?	Were outcomes pre-specified/defined and adequately described?	Were outcome measures valid/reliable?
Richardson et al., 2014 ²⁵	7%	No	Yes	No	Yes	Yes

ITT = intent to treat; KQ = key question; MDD = major depressive disorder; NA = not applicable.

First Author, Year	Was the duration of followup adequate to assess the outcome?	Was an appropriate method used to handle missing data?	Did the study use acceptable statistical methods?	Quality Rating	Comments
Richardson et al., 2014 ²⁵	Yes	Yes	Yes	Good	Just under 80% attrition at 6 month f/u and less than that at 12 month f/u?

Good: Meets all criteria: Comparable groups are assembled initially and maintained throughout the study (follow-up at least 80 percent); reliable and valid measurement instruments are used and applied equally to the groups; interventions are spelled out clearly; all important outcomes are considered; and appropriate attention to confounders in analysis. In addition, for RCTs, intention to treat analysis is used.

Fair: Studies will be graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: Generally comparable groups are assembled initially but some question remains whether some (although not major) differences occurred with follow-up; measurement instruments are acceptable (although not the best) and generally applied equally; some but not all important outcomes are considered; and some but not all potential confounders are accounted for. Intention to treat analysis is done for RCTs.

Poor: Studies will be graded "poor" if any of the following fatal flaws exists: Groups assembled initially are not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments are used or not applied at all equally among groups (including not masking outcome assessment); and key confounders are given little or no attention. For RCTs, intention to treat analysis is lacking.

CBT = cognitive behavioral therapy; COMB = combination; ITT = intent to treat; KQ = key question; LOCF = last observation carried forward; MDD = major depressive disorder; N/A = Not applicable; NR = not reported.

Appendix D Table 9. Quality Ratings of Included RCTs on the Harms of SSRIs in Combination With Psychotherapy in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Was eligibility criteria described clearly?	Was inclusion/exclusion criteria measured using valid/reliable measures, implemented across all study participants?	Was symptom status determined using valid/ reliable methods?	Was randomization adequate?	Was allocation concealment adequate?	Did strategy for recruiting differ across study groups?
March et al., 2004 ¹⁵	Yes	Yes	Yes	Yes	NR	No
Emslie et al., 2006 ²⁶	Yes	Yes	Yes	Yes	NR	No

KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Did start of follow-up and start of intervention coincide?	Were baseline characteristics similar between groups? If not, did the analysis control for differences?	Were outcome assessors blinded?	Was intervention fidelity adequate?	Did variation from the study protocol compromise conclusions?
March et al., 2004 ¹⁵	Yes	Yes	Yes	NR	No
Emslie et al., 2006 ²⁶	Yes	NR	NR	NR	No

KQ = key question; MDD = major depressive disorder; NR = not reported.

First Author, Year	Overall attrition	Did high attrition raise concern for bias?	Was analysis conducted on ITT basis?	Did the study have cross-overs or contamination raising concern for bias?	Were outcomes pre-specified/defined and adequately described?	Were outcome measures valid/ reliable?
March et al., 2004 ¹⁵	18%	No	Yes	No	Yes	Yes
Emslie et al., 2006 ²⁶	NA--attrition not assessed (all observations were taken)	No	No	No	Yes	Yes

ITT = intent to treat; KQ = key question; MDD = major depressive disorder; N/A = Not applicable.

Appendix D Table 9. Quality Ratings of Included RCTs on the Harms of SSRIs in Combination With Psychotherapy in Treating MDD in Children and Adolescents (KQ 6)

First Author, Year	Was the duration of followup adequate to assess the outcome?	Was an appropriate method used to handle missing data?	Did the study use acceptable statistical methods?	Quality Rating	Comments
March et al., 2004 ¹⁵	Yes	Yes	Yes	Good	Allocation concealment method and fidelity to CBT protocol both not reported but all other ratings indicated high quality
Emslie et al., 2006 ²⁶	Yes	No	No	Poor	ITT not used; "clinicians and study participants were not blind to treatment in the COMB and CBT arms, which undoubtedly affected not only efficacy, but also safety outcomes"

Good: Meets all criteria: Comparable groups are assembled initially and maintained throughout the study (follow-up at least 80 percent); reliable and valid measurement instruments are used and applied equally to the groups; interventions are spelled out clearly; all important outcomes are considered; and appropriate attention to confounders in analysis. In addition, for RCTs, intention to treat analysis is used.

Fair: Studies will be graded "fair" if any or all of the following problems occur, without the fatal flaws noted in the "poor" category below: Generally comparable groups are assembled initially but some question remains whether some (although not major) differences occurred with follow-up; measurement instruments are acceptable (although not the best) and generally applied equally; some but not all important outcomes are considered; and some but not all potential confounders are accounted for. Intention to treat analysis is done for RCTs.

Poor: Studies will be graded "poor" if any of the following fatal flaws exists: Groups assembled initially are not close to being comparable or maintained throughout the study; unreliable or invalid measurement instruments are used or not applied at all equally among groups (including not masking outcome assessment); and key confounders are given little or no attention. For RCTs, intention to treat analysis is lacking.

CBT = cognitive behavioral therapy; COMB = combination; ITT = intent to treat; KQ = key question; MDD = major depressive disorder.

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Appendix D Table 9. Quality Ratings of Included RCTs on the Harms of SSRIs in Combination With Psychotherapy in Treating MDD in Children and Adolescents (KQ 6)

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Appendix E Table 1. Evidence Table for Screening Accuracy for MDD in Children and Adolescents (KQ 2)

First Author, Year Funder	Setting	Prevalence of Depression	Number of Patients (CONSORT-Type Numbers) Exclusions (# and Reason)	Patient Characteristics	Primary Screening Test Characteristics	Reference/Gold Standard
Canals et al., 2001 ¹ Canals et al., 1997 ² Canals et al., 1995 ³ Funder: Fondo de Investigación Sanitaria (FIS 94/0866), Ministerio de Sanidad y Consumo	Location: Urban Spain, school setting Target population: Original sample: boys aged 11 and girls aged 10 Current sample: all of original sample who could be found and consented (304/579) Selection method: All age-eligible children per municipal census recruited and completed assessments through schools	3.4% MDD (calc) 6.2% Dysthymia (calc) (per diagnostic interview, time frame NR)	579 original sample 304 found/recruited for current study 290 completed full baseline assessment Exclusions: 579-304=275 not found or did not consent	Mean age: 18 (range 17.5-18.5) Female: 49.7% of recruited (calc) Ethnicity: NR SES: "above average" Risk factors: NR	Test: BDI Screening cutoff: ≥10, 11, 14, 16	Schedules for Clinical Assessment in Neuropsychiatry (SCAN)
Garrison et al., 1991 ⁴ Garrison et al., 1990 ⁵ Funder: NIMH	Location: Middle and high schools in southeastern metropolitan school district; United States Target population: Students in or transferring to designated schools for middle or high school Selection method: Earliest assessment, at 7th, 8th, or 9th grade	8.2% males 8.7% females (per diagnostic interview)	2,488 completed screening 2,465 data presented (NR why 23 cases dropped) 348 selected for diagnostic interview 332 completed diagnostic interview Exclusions: None reported, likely had none	Age: 93% ages 12-14 Female: 57% Ethnicity: 75% White, 25% African American SES: 36% fathers completed high school and no further schooling Risk factors: NR	Test: CES-D Screening cutoff: 12, 16, 20, 22	K-SADS
Johnson et al., 2002 ⁶ Funder: Aaron Diamond Foundation, Hibbard E. Williams Research Fund, University of California, Davis School	Location: Primary care and school nurses' offices in CA, OH, NJ, and NY; rural, urban, and suburban sites Target population: 13- to 18-year-old English-speaking youth with at least 9 years of education Selection method: CA: youth with recent primary care visit within specified network were invited via letter	9.4% MDD (per diagnostic interview, no time-frame specified)	CA: 900 invited 285 parental consent returned 254 youth completed baseline questionnaire 241 completed diagnostic interview within one week OH, NJ, NY: 442 invited and completed baseline questionnaire 403 completed diagnostic interview 162 diagnostic interview within	Mean age: 15.9 (SD 1.2) Female: 63.3% Ethnicity: 77.2% White 4.2% African American 12.4% Hispanic SES: NR Risk factors: NR	Test: PHQ-A Screening cutoff: NR - used "diagnostic algorithm"	Diagnostic interview with mental health professional

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First Author, Year Funder	Setting	Prevalence of Depression	Number of Patients (CONSORT-Type Numbers) Exclusions (# and Reason)	Patient Characteristics	Primary Screening Test Characteristics	Reference/ Gold Standard
of Medicine, Pfizer US Pharmaceuticals	OH, NJ, NY: youth invited by their providers and given baseline questionnaire packet to mail in; only those whose diagnostic interview completed within 18 days included in analysis (162/403 completed diagnostic interviews)		18 days Total sample: 241+162=403 Exclusions: Evidence of cognitive impairment (# NR)			
Patton et al., 1999 ⁷ Funder: Victorian Health Promotion Foundation and the Australian Rotary Health Research Fund.	Location: Victoria, Australia, government, Catholic, and independent schools Target population: 45 schools selected with probability proportional to number of year 9 students in each of three types of schools. Two classes randomly selected from each school Selection method: All CIS-R-positive youth and random sample of CIS-R-negative students selected for diagnostic interview	3.8% current depression (per screener) 6.2% current MDD (per diagnostic interview) 12.1% 6 months previous (per diagnostic interview)	2,032 selected 1,729 completed screener 65 positive screen, attempted diagnostic interview 53 positive screen, completed diagnostic interview 105 negative screen, completed diagnostic interview Exclusions: NR	Mean age: 15.7 (SD 0.5) Female: 53% Ethnicity: NR SES: NR Risk factors: NR	Test: CIS-R Screening cutoff: NR	CIDI
Roberts et al., 1991 ⁸ Funder: NIMH	Study Design: Test/Retest Location: High schools in west central Oregon, US Target population: High school students Selection method: Random sample of nine schools in five communities (stratified by school); rural oversampled to get equal proportion urban/rural	NR	1,710 completed at least one of screeners and K-SADS data Exclusions: Parental refusal (# NR)	Mean age: 16.6 Female: 52.9% Ethnicity: 91.1% White 8.1% Nonwhite SES: 42.8% fathers and 30.1% mothers completed 4+ years college Risk factors: NR	Test: BDI and CESD Screening cutoff: BDI: 11 for total sample, 11 for females, 15 for males CESD: 24 for total sample, 24 for females, 22 for males	K-SADS

Appendix E Table 1. Evidence Table for Screening Accuracy for MDD in Children and Adolescents (KQ 2)

First Author, Year	Sensitivity (95% CI)	Specificity (95% CI)	Positive Predictive Value	Negative Predictive Value	Other Performance Characteristics	USPSTF Quality Score	Applicability
Canals et al., 2001 ¹ Canals et al., 1997 ² Canals, 1995 ³	10: 100% 11: 90% 14: 90% 16: 90% (MDD only)	10: 81.8% 11: 86% 14: 91.8% 16: 96% (MDD only)	10: 16.9% 11: 20% 14: 29% 16: 47% (MDD only)	10: 100% 11: 99.5% 14: 99% 16: 99.6% (MDD only)	NR	Fair	Fair. Participants still available for contact 8 years after original sample more likely to be female, parents have higher levels of education and SES, but probably not problematic enough to disqualify.
Garrison et al., 1991 ⁴ Garrison et al., 1990 ⁵	Males: 12: 85% 16: 59% 20: 19% 22: 18% Females: 12: 84% 16: 83% 20: 84% 22: 83%	Males: 12: 49% 16: 66% 20: 78% 22: 83% Females: 12: 38% 16: 53% 20: 70% 22: 77% (MDD)	Males: 12: 13% 16: 13% 20: 7% 22: 9% Females: 12: 11% 16: 14% 20: 21% 22: 25% (MDD)	NR	AUC 0.61 (males) 0.77 (females)	Fair—fairly high attrition rate, time between screen and interview NR	Fair
Johnson et al., 2002 ⁶	73% (MDD)	94% (MDD)	56% (MDD)	97% (MDD)	NR	Fair—dropped 60% of non-CA site participants from analysis because lag between screen and reference test >18 days; no reliability information on this form of PHQ	Fair. Excellent except for the large non-random group of the OH/NJ/NY sample dropped from analysis, which may have biased results
Patton et al., 1999 ⁷	18% (depressive episode) (used inverse probability weighting based on likelihood of selection/participation since only followed up on subset)	97% (depressive episode) (used inverse probability weighting based on likelihood of selection/participation since only followed up on subset)	49% (depressive episode)	91% (depressive episode)	NR	Fair—delay between screen and reference standard problematic but not fatal	Fair

Appendix E Table 1. Evidence Table for Screening Accuracy for MDD in Children and Adolescents (KQ 2)

First Author, Year	Sensitivity (95% CI)	Specificity (95% CI)	Positive Predictive Value	Negative Predictive Value	Other Performance Characteristics	USPSTF Quality Score	Applicability
Roberts et al., 1991 ⁸	Overall BDI: 83.7 CESD: 83.7 (Current MDD)	Overall BDI: 80.9 CESD: 75.2 (Current MDD)	Overall BDI: 10.2 CESD: 8.0 (Current MDD)	Overall BDI: 99.5 CESD: 99.4 (Current MDD)	Overall: NR Males BDI: .93 CESD: .87	Fair	Fair. Only 61% of recruited youth participated
	Serial Screens Females BDI: 87.40 CESD: 63.60	Serial Screens Females BDI: 87.40 CESD: 90.80	Serial Screens Females BDI: 17.10 CESD: 21.90	Serial Screens Females BDI: 98.30 CESD: 98.40	Females BDI: .83 CESD: .83		
	Males BDI: 61.50 CESD: 84.60	Males BDI: 96.00 CESD: 92.70	Males BDI: 22.20 CESD: 17.70	Males BDI: 99.30 CESD: 99.70			
	Parallel Screens Females BDI: 87.90 CESD: 90.90	Parallel Screens Females BDI: 72.30 CESD: 70.70	Parallel Screens Females BDI: 11.50 CESD: 11.20	Parallel Screens Females BDI: 99.30 CESD: 99.50			
	Males BDI: 92.30 CESD: 92.30	Males BDI: 86.00 CESD: 73.70	Males BDI: 10.90 CESD: 6.10	Males BDI: 99.80 CESD: 99.80			

AUC = area under the curve; BDI = Beck Depression Inventory; calc = calculated; CAS = Child Assessment Schedule; CESD = Center for Epidemiologic Studies Depression Scale; CESD-C = Center for Epidemiologic Studies Depression Scale for Children; CI = confidence interval; CIDI = Composite International Diagnostic Interview; CIS-R = Clinical Interview Schedule-Revised; KQ = key question; K-SADS = Kiddie-Schedule for Affective Disorders and Schizophrenia; MDD = major depressive disorder; NIMH = National Institutes of Health; NR = not reported; PHQ-A = Patient Health Questionnaire for Adolescents; SD = standard deviation; SES = socio-economic status.

Appendix E Table 2. Evidence Table for RCTs on the Benefits and Harms of SSRIs in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality Funder	Setting	Inclusion and Exclusion Criteria	Patient Characteristics	Intervention Characteristics	Outcomes	Other Treatments
Emslie et al., 2009 ⁹ Fair Funder: Forest Laboratories	Study design: RCT Location: 40 sites in the US Selection method: recruitment method not reported	Inclusion: Outpatients age 12-17 years, met diagnostic criteria for MDD; score ≥ 45 on the CDRS-R at screening and baseline, patient and parental consent; parent's attendance at study visits. Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children--Present and Lifetime, CGI-S score ≥ 4 , Kaurman Brief Intelligence Test score ≥ 80 ; normal physical examination, lab tests and ECG at screening. Negative serum b-human chorionic gonadotropin pregnancy test (females with childbearing potential), caregiver capable of providing information about patient's condition. Family support to guarantee adequate safety monitoring.	Mean Age: 14.6 Female: 58.97 Ethnicity: White: 75.64% Nonwhite: 24.36% Previous and/or ongoing secondary psychiatric disorders: 14.74% Top 3 secondary psychiatric disorders: (1) ADD/ADHD, (2) Enuresis, (3) generalized anxiety disorder Recurrent MDD: 28.85	IG (n = 126): Escitalopram (flexible dose 10 to 20 mg/day), 8 weeks CG (n=133): Placebo, 8 weeks	Depression Outcomes: CDRS-R score, CGI-I score, CGAS Measurement method: Clinician rated measures were assessed by a blinded assessor at baseline, weeks 2, 4, 6, and 8 Definition of response: CGI-I < 2 , $\geq 40\%$ reduction in CDRS-R score Definition of Remission: CDRS score ≤ 28 Other outcomes: Adverse events; MCSSRS; suicide behavior, suicide ideation	16.67% Treated with antidepressants previously 61.54% Nonresponders of those previously treated
March et al., 2004 ¹⁰ Kennard et al., 2006 ¹¹ Vitiello et al., 2006 ¹² Fluoxetine vs. Placebo Good Funder: NIMH	Study design: RCT Location: US; 13 academic and community clinics Selection method: Recruited from clinics, advertisements, primary care and mental health clinicians schools and	Exclusion: Age < 12 or > 17 years, unable to receive care as outpatient, didn't meet DSM-IV criteria for MDD at consent/baseline, CDRS-R < 45 at baseline, IQ < 80 , prior treatment with AD, depressive mood had to have been present in at least 2 of 3 contexts (home, school, among peers), current or past diagnosis of bipolar disorder, severe conduct disorder, current substance abuse or dependence, pervasive developmental disorder(s), thought disorder, concurrent treatment with psychotropic medication or psychotherapy outside the study, 2 failed SSRI trials, a poor response	Mean Age: 14.6 (1.5) Female: 54.4% Ethnicity White: 73.8% Black: 12.5% Hispanic: 8.9% Psychiatric comorbidities Any psychiatric comorbidity: 52.06% Anxiety: 27.40% Disruptive behavior: 23.46% OCD: 2.73%	IG (n=109): Six 20- to 30-minute medication visits over 12 weeks. Flexible dosing schedule depending on CGI-S score and ascertainment of clinically significant adverse events. Dose started at 10 mg/day and adjusted to 20 mg/day in week 1 and, if necessary,	Depression outcomes: CDRS-R score; CGI-I score; RADS; Suicidal Ideation Questionnaire-Junior High School Version, remission, loss of MDD diagnosis; CDRS-R ≤ 28 Measurement method: Clinician-rated measures were assessed by a blinded assessor at baseline, week 6, week 12 Definition of response	Excluded concurrent treatment with psychotropic medication or psychotherapy outside study

Appendix E Table 2. Evidence Table for RCTs on the Benefits and Harms of SSRIs in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality Funder	Setting	Inclusion and Exclusion Criteria	Patient Characteristics	Intervention Characteristics	Outcomes	Other Treatments
	juvenile justice facilities	to clinical treatment containing CBT for depression, intolerance to fluoxetine, confounding medical condition, non-English speaking patient or parent, and/or pregnancy or refusal to use birth control. No patients were asked or required to discontinue other forms of psychiatric treatment to enter the study; excluded for dangerousness to self or others if they had been hospitalized for dangerousness within 3 months of consent or were deemed by a cross-site panel to be high risk because of a suicide attempt requiring medical attention within 6 months, clear intent or an active plan to commit suicide, or suicidal ideation with a disorganized family unable to guarantee safety monitoring.	ADHD: 13.67%	up to 40 mg/day in week 8. CG (n=112): Placebo pill; adjusted starting dose 10 to 40 mg/day, with clinical management (6 20- to 30-minute physician visits to monitor clinical status and medication effects and offer general encouragement about the effectiveness of pharmacotherapy)	or remission: Response defined as CGI-I score 1 or 2 Other outcomes: CGAS, PQ-LES-Q, HoNOSCA, Adverse Events, suicide-related AEs, psychiatric-related AEs, non-psychiatric-related AEs	
Wagner et al., 2004 ¹³ Fair Funder: Forest Pharmaceuticals	Study Design: RCT Location: US, 21 hospital, academic and research centers Selection method: Provided assent and parents provided consent. Patients' legal guardian was required to accompany the	Inclusion: Outpatients ages 7-17 years; primary diagnosis of MDD for at least 4 weeks with a CDRS-R score ≥ 40 . Diagnosis established at initial screening visit though use of K-SADS-PL and semi-structured diagnostic interview to assess MDD. Patients with normal results at screening from physical examination, laboratory tests, and electrocardiography were included. Exclusion: Primary psychiatric diagnosis other than MDD, any psychotic features, any personality disorder, or met DSM-IV criteria for ADHD, PTSD, bipolar disorder, mental retardation, conduct disorder, or oppositional defiant disorder. History of anorexia nervosa, bulimia, or substance	Age: 12.12 Female: 53.45% Ethnicity White: 77.01% Nonwhite: 22.99% Psychiatric comorbidities Dysthymia: 3.45% Enuresis: 4.01% Previous ADHD: 2.87% Current ADHD: 0%	IG (n=89): Citalopram (Flexible dose 20 to 40 mg/day), 8 weeks CG (n=85): Placebo	Depression Outcomes: CDRS, CGI Measurement method: Double blind at weeks 1, 2, 4, 6, and 8 weeks Definition of response or remission: Response defined as CDRS ≤ 28 Other outcomes: Adverse events	Excluded concurrent treatment with psychotropic medication or psychotherapy outside study Previously treated with antidepressants: 19.02 History of nonresponse: 15.49

Appendix E Table 2. Evidence Table for RCTs on the Benefits and Harms of SSRIs in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality Funder	Setting	Inclusion and Exclusion Criteria	Patient Characteristics	Intervention Characteristics	Outcomes	Other Treatments
	patient to each study visit.	abuse, including alcohol, within the past year. In females, pregnancy, and not using adequate contraception. Initiation of psychotherapy or behavioral therapy during the study or 3 months before the screening visit were not enrolled. Severe suicidal ideation requiring inpatient treatment; previous treatment with and failure of antidepressant or anxiolytic medication, antipsychotic or stimulant; concomitant treatment with certain prescriptions or over-the-counter medications, including any psychotropic drug; or concurrent psychotherapy were excluded.				
Wagner et al., 2006 ¹⁴ Fair Funder: Abbott Laboratories, AstraZeneca, Eli Lilly, Forest Laboratories, GlaxoSmithKline, Johnson & Johnson, Organon, Pfizer, and NIMH	Study Design: RCT Location: US, 25 sites Selection method: Provided assent and parents provided consent. Patients' legal guardian was also required to accompany the patient to each study visit.	Inclusion: Outpatients ages 6-17 years; primary diagnosis of MDD for at least 4 weeks, with a CDRS-R score ≥ 40 . Diagnosis established at initial screening visit through use of K-SADS-PL and semi-structured diagnostic interview to assess MDD. Patients with normal results at screening from physical examination, laboratory tests, and electrocardiography were included. Exclusion: Primary psychiatric diagnosis other than MDD, any psychotic features, any personality disorder, or met DSM-IV criteria for ADHD, post-traumatic stress disorder, bipolar disorder, mental retardation, conduct disorder, or oppositional defiant disorder. A history of anorexia nervosa, bulimia, or substance abuse, including alcohol, within the past year. In females, pregnancy, lactation, and	Mean Age: 12.3 (SD = 3.0) Female: 51.9% Ethnicity: Caucasian: 71.2% African American: 13.6% Asian: 1.1% Other: 14.0% Psychiatric comorbidities: Comorbid Anxiety disorders: 6.1%	IG (n=131): Escitalopram Fixed dose (10 mg/day for first 4 weeks) Flexible dose (10 to 20 mg/day based on clinical response and tolerability) CG (n=133): Placebo	Depression Outcomes: CDRS-R, CGI-I, CGI-S, CGAS Measurement method: Double blind at weeks 1, 2, 4, 6, and 8 weeks Definition of response or remission: Response defined as CDRS ≤ 28 and CGI-I ≤ 2 Other Outcomes: Adverse Events	Excluded concurrent treatment with psychotropic medication or psychotherapy outside study

Appendix E Table 2. Evidence Table for RCTs on the Benefits and Harms of SSRIs in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality Funder	Setting	Inclusion and Exclusion Criteria	Patient Characteristics	Intervention Characteristics	Outcomes	Other Treatments
		not using adequate contraception. Initiation of psychotherapy or behavioral therapy during the study or 3 months before the screening visit were not enrolled. Severe suicidal ideation requiring inpatient treatment; previous treatment with and failure of antidepressant or anxiolytic medication (within 2 weeks of baseline, 4 weeks for fluoxetine), antipsychotic or stimulant (6 months before screening); concomitant treatment with certain prescriptions or over-the-counter medications, including any psychotropic drug; or concurrent psychotherapy were excluded.				

Appendix E Table 3. Evidence Table for RCTs on the Benefits and Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year	Attrition	Response (Dichotomous Measure)	Response (Continuous Measure)	Other Outcomes	Other Outcomes Adverse Events	Subgroup Analyses Conducted
Emslie et al., 2009 ⁹	17%	CDRS-R \leq 28 IG: 41.6 (64) CG: 35.7 (56) p=0.15 CGI \leq 2 IG: 64.3% (99) CG: 52.9% (83) p=0.03	CDRS-R Change (ITT, LOCF) LSM (SEM) IG: -22.1 (1.22) CG: -18.8 (1.27) LSMD (95% CI) -3.356 (-6.226 to -0.486)	Suicidal tendency IG: 1 CG: 1 Hospitalizations IG: 4 CG: 1 MCSSRS (worsening suicidal behavior) IG: 2 CG: 3 MCSSRS (increase in suicidal ideation) IG: 12 CG: 12 SIQ-JR (Mean change) IG: -4.6 (12.0) CG: -2.9 (10.2) Any suicidal behavior and/or ideation IG: 13 (10.2%) CG: 12 (9.2%) Serious (>5%): Inflicted injury IG: 2 CG: 0 Irritability IG: 1 CG: 0 Aggravated depression IG: 0 CG: 1 Most frequent (%): Headache IG: 25.2 CG: 25.5 Menstrual cramps IG: 10.9 CG: 15.2 Insomnia IG: 10.3 CG: 6.4 Nausea IG: 10.3	Discontinuation due to adverse events IG: 4 CG: 1 Patients reporting adverse events IG: 121 (78.1%) CG: 118 (75.2%) Serious adverse events IG: 4 CG: 2 Death from suicide or other causes IG: 0 CG: 0 Difference(s) between groups: d=0 Weight gain IG: 1.2 CG: 1.2 Most frequent (%): Inflicted injury IG: 9.0 CG: 13.4 Pharyngitis IG: 8.4 CG: 9.6 Fatigue IG: 7.7 CG: 8.3 Influenza-like symptoms IG: 7.1 CG: 3.2 Rhinitis IG: 7.1 CG: 8.9 Vomiting IG: 6.5 CG: 5.7 Diarrhea IG: 5.2 CG: 3.2	None

Appendix E Table 3. Evidence Table for RCTs on the Benefits and Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year	Attrition	Response (Dichotomous Measure)	Response (Continuous Measure)	Other Outcomes	Other Outcomes Adverse Events	Subgroup Analyses Conducted
				CG:8.3 Abdominal pain IG:9.0 CG:7.0	Upper respiratory tract infection IG:5.2 CG:7.6 Appetite decrease IG:2.6 CG: 3.8 Urinary tract infection IG: 2.6 CG: 0.6 Coughing IG:1.3 CG: 4.5	
March et al., 2004 ¹⁰ Kennard et al., 2006 ¹¹ Vitiello et al., 2006 ¹² Fluoxetine vs. Placebo	Attrition: 18% overall 14% Flu+ CBT 17% Flu 22% CBT 21% CG	CGI ≤2: IG: 60.6% (95% CI, 51 to 70) CG: 34.8% (95% CI, 26 to 44) p=0.001 CGAS >60 at 12 wks IG: 50.5% CG: 35.7% p=0.23 CDRS-R ≤28 at 12 wks IG: 23% CG: 17% p>0.05 OR, 1.5 (95% CI, 0.74 to 2.88) Loss of MDD Diagnosis at 12 wks IG: 78.6 % CG: 60.4% OR, 2.4 (95% CI, 1.27 to 4.67)	CDRS-R pre wk 6 wk 12 IG: 58.9 (4.0) 39.8 (7.4) 36.3 (8.1) CG: 61.2 (4.3) 44.9 (7.3) 41.8 (8.0) p=0.10 RADS pre wk 6 wk 12 IG: 77.0 (9.6) 63.4 (12.4) 60.6 (13.1) CG: 81.3 (9.2) 69.4 (10.9) 66.7 (11.4) p=0.34 CGAS Mean change at 12 weeks IG:12.6 CG: 10.2 P=0.0381	HoNOSCA Mean Change at 12 wks IG: -5.7 CG: -5.5 p=0.5861 PQ-LES-Q Mean Change at 12 wks IG: 6.3 CG:5.7 p=0.7215	Suicidal Ideation Questionnaire pre wk 6 wk 12 IG: 21.8 (15.7) 16.2 (12.4) 14.4 (11.1) CG: 24.2 (16.5) 16.9 (11.7) 15.0 (11.1) p=0.36 Harm- and suicide-related adverse events: CBT vs. Placebo Harm-related: IG: 13 (11.93%) CG: 6 (5.36%) OR, 2.39 (95% CI, 0.87 to 6.54) Suicide-related: IG: 9 (8.26%) CG: 4(3.57%) OR, 2.43 (95% CI, 0.73 to 8.14) Psychiatric adverse events: IG: 23 (21%) CG: 11 (9.8%)	None

Appendix E Table 3. Evidence Table for RCTs on the Benefits and Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year	Attrition	Response (Dichotomous Measure)	Response (Continuous Measure)	Other Outcomes	Other Outcomes Adverse Events	Subgroup Analyses Conducted
Wagner et al., 2004 ¹³	Overall: 19%	CDRS-R ≤28 IG: 36% CG: 24% p<0.05 CGI ≤2 IG: 47% CG: 45%	CDRS-R Score IG vs. CG, p<0.05 (presented in graphic) CDRS-R Effect size week 8 = 2.9 (LOCF) CGI Severity Change IG: -1.3 CG: -1.0 p not reported LOCF	None	Discontinuation due to AE IG: 5.6% CG: 5.9% No SAE observed No suicide Occurred with a frequency >5%: Rhinitis IG:13.5% CG: 5.9% Nausea IG:13.5% CG: 3.5% Abdominal Pain IG:11.2% CG: 7.1% Influenza-like symptoms IG: 6.7% CG: 0.0% Fatigue IG:5.6% CG: 1.2% Diarrhea IG: 5.6% CG: 1.2% Back Pain IG:5.6% CG: 3.5%	None
Wagner et al., 2006 ¹⁴	Overall: 19%	CGI-I ≤2 IG: 63% CG: 52% p=0.14 CDRS-R ≤28 IG: 46% CG: 38% p=0.32	CDRS-R Change (LOCF) IG: -21.9 CG: -20.2 p=0.31 CGI-S Change (LOCF) IG: -1.6 CG: -1.3 p=0.057	CGI-I Mean Week 8 IG: 2.3 CG: 2.5 p=0.169 CGAS Change (LOCF) IG: 15.6 CG: 12.7 p=0.065	Adverse Events Overall IG: 68.7%(90) CG: 67.7% (90) p=0.90 Serious Adverse Events IG: 37.4% of events CG: 32% of events Suicide-related events IG: 1 CG:2 Headache IG: 22.9% CG: 21.8% Abdominal pain IG: 10.7%	Post hoc analyses adjusting for age group in 12-17 sample for CGI-S, CGI-I, and CGAS changes using LOCF N=77/80 CDRS-R Change IG: -20.1 CG: -17.5 p=0.23 CGI-S Change IG: -1.5 CG: -1.0

Appendix E Table 3. Evidence Table for RCTs on the Benefits and Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year	Attrition	Response (Dichotomous Measure)	Response (Continuous Measure)	Other Outcomes	Other Outcomes Adverse Events	Subgroup Analyses Conducted
					CG: 5.3% Nausea IG: 7.6% CG: 4.5% Accidental injury IG: 6.9% CG: 7.5% Rhinitis IG: 6.1% CG: 6.0% Pharyngitis IG: 5.3% CG: 6.0% Upper Respiratory tract infection IG: 5.3% CG: 6.0% Vomiting IG: 5.3% CG: 3.8%	p=0.02 CGI-I Change IG: 2.4 CG: 2.8 p=0.04 CGAS Change IG:15.7 CG:10.0 p=0.005 Changes for kids 6-11 were not significant. N=52/52 CDRS Change IG: -24.0 CG:-23.5 p=0.87 CGI-S Change IG: -1.7 CG:-1.7 p=0.64 CGI-I Change IG: 2.2 CG:2.1 p=0.78 CGAS Change IG: 15.0 CG:16.8 p=0.49

ADD = attention deficit disorder; ADHD = attention deficit/hyperactivity disorder; AE = adverse event; CBT = cognitive-behavioral therapy; CDR-S-R = Children's Depression Rating Scale-Revised; CG = control group; CGAS = Children's Global Assessment Scale; CGI-I = Clinical Global Impressions-Improvement; CGI-S = Clinical Global Impressions-Severity; CI = confidence interval; Flu = fluoxetine; HoNOSCA = Health of the Nation Outcome Scales for Children and Adolescents; IG = intervention group; ITT = intent to treat; KQ = key question; K-SADS = Kiddie-Schedule for Affective Disorders and Schizophrenia; LOCF = last observation carried forward; LSM = least square mean; LSMD = least squares mean difference; MDD = major depressive disorder; MCSSRS = Modified Columbia Suicide Severity Rating Scale; n = sample size; NIMH = National Institutes of Health; NA = not applicable; NR = not reported; OCD = obsessive compulsive disorder; OR = odds ratio; PQ-LES-Q = Pediatric Quality of Life Questionnaire; PTSD = posttraumatic stress disorder; RADS = Reynolds Adolescent Depression Scale; RCT = randomized control trial; SAE = serious adverse events; SD = standard deviation; SIQ-JR = Suicide Ideation Questionnaire-Junior High School version; SSRI = selective serotonin reuptake inhibitor; US = United States; wk = week.

Appendix E Table 3. Evidence Table for RCTs on the Benefits and Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality Funder	Setting	Inclusion and Exclusion Criteria	Patient Characteristics	Intervention Characteristics	Outcomes	Other Treatments
Clarke et al., 1999 ¹⁵ Fair NIMH	Study design: RCT (n=123) Location: US, recruited at 2 sites, setting where intervention was delivered is not described Selection method: Recruited at 2 sites via announcements to health professionals and school counselors, television and newspaper stories, and advertisements	Inclusion: age 14 to 18 years, current DSM-III-R diagnosis of MDD or dysthymia Exclusion: 1) exhibited current mania/hypomania, panic disorder, generalized anxiety disorder, conduct disorder, psychoactive substance abuse/dependence, lifetime organic brain syndrome, mental retardation, or schizophrenia; 2) currently receiving other treatment for depression (and were unwilling to discontinue); 3) needed immediate, acute treatment.	Age: 16.2 years (SD=1.3) Female: 71% Ethnicity: NR Psychiatric comorbidities: 23.6% current anxiety disorder, 23.6% history of nonaffective disorder Other: 4.2% not in school, 43.8% lived in 2-parent families, 27.7% had 1 or 2 parents with graduate or postgraduate education	IG1 (n=45): Group CBT (Adolescent Coping With Depression Course) for adolescents only; no family involvement; mixed-gender groups of 10 adolescents; 16, 2- hour sessions over 8 weeks; delivered by advanced graduate psychology or social work students or masters- or doctoral- level clinicians, plus 40 hrs of specialized training and weekly supervision meetings IG2 (n=42): Group CBT same as IG1 plus 8 weekly 2-hour parent sessions (6 separate, 2 held jointly with adolescent group) over 8 weeks CG (n=36): Waitlist	Depression outcomes: Longitudinal Interval Follow-up Evaluation (LIFE) (requires symptom free for 8 weeks for recovery criteria); HAM-D;GAF; BDI; CBCL Measurement method: Blinded interviewers Definition of response or remission: Recovery - no longer meeting DSM-III-R criteria for either major depression or dysthymia for 2 weeks preceding the post- treatment assessment	Excluded if receiving other treatment for depression and unwilling to discontinue
March et al., 2004 ¹⁰ Kennard et al., 2006 ¹¹ Vitiello et al., 2006 ¹² Good Funder: NIMH	Study design: RCT Location: US; 13 academic and community clinics Selection method: Recruited from clinics, advertisements, primary care and mental health clinicians; schools and juvenile justice facilities	Exclusion: Aged <12 or >17 years, unable to receive care as outpatient, didn't meet DSM-IV criteria for MDD at consent/ baseline, CDRS-R <45 at baseline, IQ <80, prior treatment with AD, depressive mood had to have been present in at least 2 of 3 contexts (home, school, among peers), current or past diagnosis of bipolar disorder, severe conduct disorder, current substance abuse or dependence, pervasive developmental disorder(s), thought disorder, concurrent treatment with psychotropic medication or psychotherapy outside the study, 2 failed SSRI	Mean Age: 14.6 (1.5) Female: 54.4% Ethnicity White: 73.8% Black: 12.5 Hispanic: 8.9% Psychiatric comorbidities Any psychiatric comorbidity: 52.06% Anxiety: 27.40% Disruptive behavior: 23.46% OCD: 2.73% ADHD: 13.67%	IG (n=111): Individual CBT; 15 50- to 60-minute sessions over 12 weeks; includes 2 parent-only sessions and 1-3 combined parent-adolescent sessions depending on need CG (n=112): Placebo pill; adjusted starting dose 10 to 40 mg/d, with clinical management (6 physician visits lasting 20-30 minutes to monitor clinical status and medication effects and offer general encouragement about the effectiveness of pharmacotherapy)	Depression outcomes: CDRS-R score; dichotomized CGI-I score; RADS; Suicidal Ideation Questionnaire- Junior High School Version, remission, loss of MDD diagnosis and CDRS-R ≤28 Measurement method: Clinician-rated measures were assessed by a blinded assessor at baseline, week 6, week 12 Definition of response or remission:	Excluded concurrent treatment with psychotropic medication or psychotherapy outside study

Appendix E Table 3. Evidence Table for RCTs on the Benefits and Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality Funder	Setting	Inclusion and Exclusion Criteria	Patient Characteristics	Intervention Characteristics	Outcomes	Other Treatments
		<p>trials, a poor response to clinical treatment containing CBT for depression, intolerance to fluoxetine, confounding medical condition, non-English speaking patient or parent, and/or pregnancy or refusal to use birth control. No patients were asked or required to discontinue other forms of psychiatric treatment to enter the study; excluded for dangerousness to self or others if they had been hospitalized for dangerousness within 3 months of consent or were deemed by a cross-site panel to be high risk because of a suicide attempt requiring medical attention within 6 months, clear intent or an active plan to commit suicide, or suicidal ideation with a disorganized family unable to guarantee safety monitoring.</p>			<p>Response defined as CGI-I score 1 or 2</p> <p>Other outcomes: CGAS, PQ-LES-Q, HoNOSCA, Adverse Events, suicide-related AEs, psychiatric-related AEs, non-psychiatric-related AEs</p> <p>Other outcomes: Integrated procedures for adverse event monitoring (harm-related AEs, suicide-related AEs, psychiatric-related AEs, non-psychiatric-related AEs)</p>	

Appendix E Table 3. Evidence Table for RCTs on the Benefits and Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

Study reference USPSTF Quality	Attrition	Response (Dichotomous Measure)	Response (Continuous Measure)	Other Outcomes	Other Outcomes Adverse Events	Subgroup Analyses conducted
Clarke et al., 1999 ¹⁵ Fair NIMH	22% overall 18% CBT 24% CBT + parent 25% WL	Recovery rates: IG1: 24/37 (64.9%) IG2: 22/32 (68.8%) CG: 13/27 (48.1%) (IG1 + IG2 vs CG: p<0.05; Cohen's h=0.38 (small to medium effect); OR 2.15 (95% CI 1.01, 4.59) Trend for treated males to have better outcomes than treated females (81.0% vs 60.4%, p=0.096)	HAM-D pre post IG1: 13.0 (5.3) 4.6 (4.8) IG2: 15.1(6.0) 6.7 (7.1) CG: 14.5 (5.9) 7.7 (7.0) Group x time - IG1 & 2 combined vs. CG: p=ns Self-reported measures: BDI Parent-reported measures: CBCL Depression, CBCL internalizing, CBCL externalizing	GAF pre post IG1: 60.4 (6.8) 71.0 (11.7) IG2: 54.4 (8.2) 69.9 (14.9) CG: 58.3 (7.2) 64.5 (11.8) Group x time - IG1 & 2 combined vs. CG: p < 0.05	Not Reported	None
March et al., 2004 ¹⁰ Kennard et al., 2006 ¹¹ Vitiello et al., 2006 ¹²	Overall: 18%	CGI ≤2 IG: 43.2% (95% CI, 34 to 52) CG: 34.8% (95% CI, 26 to 44) p=0.20 CGAS >60 at 12 wks IG: 45.0% CG: 35.7% p=0.139 CDRS-R ≤28 at 12 wks IG: 16% CG: 17% p>0.05 OR, 0.9 (95% CI, 0.44 to 1.88) Loss of MDD diagnosis at 12 wks IG: 61.1% CG: 60.4% OR, 1.0 (95% CI, 0.52 to 1.77)	CDRS-R pre wk 6 wk 12 IG: 59.6 (4.5) 44.6 (8.3) 42.1 (9.2) CG: 61.2 (4.3) 44.9 (7.3) 41.8 (8.0) p=0.40 RADS pre wk 6 wk 12 IG: 78.7 (10.6) 69.1 (13.6) 68.0 (14.2) CG: 81.3 (9.2) 69.4 (10.9) 66.7 (11.4) p=0.21 CGAS Mean Change at 12 wks IG: 10.0 CG: 10.2 p=0.3805	HoNOSCA Mean Change at 12 wks IG: -4.6 CG:-5.5 p=0.3344 PQ-LES-Q Mean Change at 12 wks IG: 4.2 CG:5.2 p=0.4630	Suicidal Ideation Questionnaire pre wk 6 wk 12 IG: 21.9 (16.3) 13.2 (11.3) 11.4 (10.4) CG: 24.2 (16.5) 16.9 (11.7) 15.0 (11.1) p=0.76 Harm- and suicide- related adverse events: CBT vs. Placebo Harm-related: IG: 5 (4.5%) CG: 6 (5.4%) OR, 0.83 (95% CI, 0.25 to 2.81) Suicide-related: IG: 5 (4.5%) CG: 4 (3.6%) OR, 1.27 (95% CI,0.33 to 4.87) Psychiatric adverse	None

Appendix E Table 3. Evidence Table for RCTs on the Benefits and Harms of Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

Study reference USPSTF Quality	Attrition	Response (Dichotomous Measure)	Response (Continuous Measure)	Other Outcomes	Other Outcomes Adverse Events	Subgroup Analyses conducted
					events IG: 1 (panic attack) CG: 11 (9 patients)	

Appendix E Table 4. Evidence Table for RCTs on the Benefits and Harms of Collaborative Care in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality Funder	Setting	Inclusion and Exclusion Criteria	Patient Characteristics	Intervention Characteristics	Outcomes	Other Treatments
Richardson et al., 2014 ¹⁶ Good Funder: NIH	Study Design: RCT Location: US, 9 pediatric and family care clinics in Washington State Selection method: Recruited from pediatric and family care clinics in Washington State	Inclusion: Outpatients 13-17 years old, met MDD criteria on the Kiddie-Structured Interview for Affective Disorders and Schizophrenia or had a second positive PHQ-9 with a CDRS-R score of ≥ 42 . Exclusion: Non-English speaking, suicidal plan or recent attempt, bipolar, drug/alcohol misuse (CRAFFT score ≥ 5), seeing a psychiatrist, and developmental delay. Adolescents taking antidepressants or receiving psychotherapy who were still symptomatic were eligible to participate.	Mean Age: 15.1 Female: 72% Ethnicity White: 69% Nonwhite: 31% Psychiatric comorbidities Brief Screen for Child Anxiety and Related Emotional Disorders (SCARED) ≥ 3 : 72%	IG (n=50): ROAD, adapted collaborative care intervention based on the IMPACT Team Care model. Included developmentally sensitive materials and structured involvement of adolescent and parent in the initial education and engagement session, the choice of treatment, and follow- up contacts. Delivered by master's level clinicians, 12 months. CG (n=51): Usual Care, 12 months	Depression Outcomes: CDRS-R, PHQ-9 Measurement method: Blinded research assistants at 6 and 12 months Definition of response or remission: Response defined as $\geq 50\%$ reduction in CDRS-R, Remission defined as < 5 on PHQ-9 Other outcomes: Functional Status, CIS; Quality of Care, Adverse events	Undergoing active treatment at start of study: 17% Treated for depression/anxiety in prior 6 months: 39% Antidepressants used in 6 months prior to baseline: 25% Counseling for depression/anxiety in prior 6 months: 38%

Appendix E Table 4. Evidence Table for RCTs on the Benefits and Harms of Collaborative Care in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality	Attrition	Response (Dichotomous Measure)	Response (Continuous Measure)	Other Outcomes	Other Outcomes Adverse Events	Subgroup Analyses conducted
Richardson et al., 2014 ¹⁶	Overall: 6.9%	<p>≥50 reduction CDRS-R IG: 67.6% (95% CI, 52.2% to 83.0%) CG: 38.6% (95% CI, 23.7% to 53.5%)</p> <p>Remission at 12 months IG: 50.4% (95% CI, 34.7% to 66.1%) CG: 20.7% (95% CI, 8.2% to 33.2%)</p> <p>IG more likely to achieve remission at 6 months (OR=5.2, 95% CI, 1.6 to 17.3; p=0.007) and 12 months (OR=3.9, 95% CI, 1.5 to 10.6; p=0.007)</p>	<p>CDRS-R Score IG Baseline: 48.3 (95% CI, 45.5%-51.0%) IG 12 months: 27.5 (95% CI, 23.8% to 31.1%)</p> <p>CG Baseline: 46.0 (95% CI, 43.1% to 48.9%) CG 12 months: 34.6 (95% CI, 30.6% to 38.6%)</p> <p>8.5 greater decrease in IG mean CDRS-R from baseline than control (95% CI, -13.4% to -3.6%, p=0.001), at 6 months 9.4 greater decrease in IG mean CDRS-R from baseline than control (95% CI, -15% to -3.8%, p=.001), at 12 months</p>	<p>CIS (Functional Status) Between Group Mean Difference at 6 months: -4.4 (95% CI, -8.4% to -0.5%, p=0.03)</p> <p>Between Group Mean Difference at 12 months: -4.3 (95% CI, -8.3% to -0.3%; p=0.04)</p>	<p>Adverse Events Psychiatric Hospitalization (# of patients) IG: 3 CG: 2</p> <p>Emergency Department Visits (# of patients) IG: 1 CG: 5</p>	None

ADD = attention deficit disorder; ADHD = attention deficit/hyperactivity disorder; AE = adverse event; CBT = cognitive-behavioral therapy; CDRS-R = Children's Depression Rating Scale-Revised; CG = control group; CGI-I = Clinical Global Impressions-Improvement; CI = confidence interval; CIS = Columbia Impairment Scale; HoNOSCA = Health of the Nation Outcome Scales for Children and Adolescents; IG = intervention group; KQ = key question; MDD = major depressive disorder; n = sample size; NIH = National Institutes of Health; NIMH = National Institute of Mental Health; OCD = obsessive compulsive disorder; PHQ-9 = Patient Health Questionnaire 9-item; PQ-LES-Q = Pediatric Quality of Life Questionnaire; RADS = Reynolds Adolescent Depression Scale; RCT = randomized control trial; SD = standard deviation; SIQ-JR = Suicide Ideation Questionnaire-Junior High School version; SSRI = selective serotonin reuptake inhibitor; US = United States; wk = week.

Appendix E Table 5. Evidence Table for RCTs on the Benefits and Harms of SSRIs in Combination With Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality Funder	Setting	Inclusion and Exclusion Criteria	Patient Characteristics	Intervention Characteristics	Outcomes	Other Treatments
March et al., 2004 ¹⁰ Kennard et al., 2006 ¹¹ Vitiello et al., 2006 ¹² Combined Fluoxetine+CBT vs. Placebo Good Funder: NIMH	Study design: RCT (n=109 in combined fluoxetine+CBT group; 112 in placebo control group) Location: US; 13 academic and community clinics Selection method: Recruited from clinics, advertisements, primary care and mental health clinicians; schools and juvenile justice facilities	Exclusion: Aged <12 or >17 years, unable to receive care as outpatient, didn't meet DSM-IV criteria for MDD at consent/baseline, CDRS-R <45 at baseline, IQ <80, prior treatment with AD, depressive mood had to have been present in at least 2 of 3 contexts (home, school, among peers), current or past diagnosis of bipolar disorder, severe conduct disorder, current substance abuse or dependence, pervasive developmental disorder(s), thought disorder, concurrent treatment with psychotropic medication or psychotherapy outside the study, 2 failed SSRI trials, a poor response to clinical treatment containing CBT for depression, intolerance to fluoxetine, confounding medical condition, non- English speaking patient or parent, and/or pregnancy or refusal to use birth control. No patients were asked or required to discontinue other forms of psychiatric treatment to enter the study; excluded for dangerousness to self or others if they had been hospitalized for dangerousness within 3 months of consent or were deemed by a cross- site panel to be high risk because of a suicide attempt requiring medical attention within 6 months, clear intent or an active plan to commit suicide, or suicidal ideation with a disorganized family unable to guarantee safety monitoring.	Mean Age: 14.6 (1.5) Female: 54.4% Ethnicity White: 73.8% Black: 12.5 Hispanic: 8.9% Psychiatric comorbidities Any psychiatric comorbidity: 52.06% Anxiety: 27.40% Disruptive behavior: 23.46% OCD: 2.73% ADHD: 13.67%	IG (n=109): all components from both fluoxetine and CBT group. CBT functionally independent of medication management; protocols for administering medication and CBT functionally independent for all medication increases other than those depending on presence of partial response; when partial response was present, the pharmaco-therapist consulted CBT therapist re: AE profile when considering whether to adjust dose of fluoxetine. CG (n=112): Placebo pill; adjusted starting dose 10 mg/d to 40 mg/d, with clinical management (6 physician visits lasting 20-30 minutes to monitor clinical status and medication effects and offer general encouragement about the effectiveness of pharmacotherapy	Depression outcomes: CDRS-R score; dichotomized CGI-I score; RADS; Suicidal Ideation Questionnaire- Junior High School Version, remission, loss of MDD diagnosis Measurement method: Clinician- rated measures were assessed by a blinded assessor at baseline, week 6, week 12 Definition of response or remission: Response defined as CGI-I score 1 or 2 Other outcomes: CGAS, PQ-LES-Q, HoNOSCA, Adverse Events, suicide- related AEs, psychiatric-related AEs, non- psychiatric-related AEs	Excluded concurrent treatment with psychotropic medication or psychotherapy outside study

Appendix E Table 5. Evidence Table for RCTs on the Benefits and Harms of SSRIs in Combination With Psychotherapy in Treating MDD in Children and Adolescents (KQs 5 and 6)

First Author, Year USPSTF Quality	Attrition	Response (Dichotomous Measure)	Response (Continuous Measure)	Other Outcomes	Other Outcomes Adverse Events	Subgroup Analyses conducted
March et al., 2004 ¹⁰ Kennard et al., 2006 ¹¹ Vitiello et al., 2006 ¹² Combined Fluoxetine+ CBT vs. Placebo	Overall: 18%	CGI ≤ 2 IG: 71% (95% CI, 62 to 80) CG: 34.8% (95% CI, 26 to 44) p=0.001 CGAS >60 at 12 weeks IG: 64.5% CG: 35.7% p = 0.0001 CDRS-R ≤ 28 at 12 wks IG: 37% CG: 17% P = 0.0009 OR, 3.0 (95% CI, 1.58 to 5.79) Loss of MDD Diagnosis at 12 wks IG: 85.3% CG: 60.4% OR, 4.1 (95% CI, 2.00 to 8.44)	CDRS-R pre wk 6 wk 12 IG: 60.8 (4.9) 38.1 (7.8) 33.8 (8.2) CG: 61.2 (4.3) 44.9 (7.3) 41.8 (8.0) p=0.001 RADS pre wk 6 wk 12 IG: 80.1 (9.2) 60.9 (11.6) 57.0 (12.2) CG: 81.3 (9.2) 69.4 (10.9) 66.7 (11.4) p=0.001 CGAS Mean Change at 12 wks IG: 16.6 CG: 10.2 p<.0001	HoNOSCA Mean Change at 12 wks IG: -7.2 CG: -5.5 (5.71) P=0.0393 PQ-LES-Q Mean Change at 12 wks IG: 12.2 CG: 5.7 P =0.001	Suicidal Ideation Questionnaire pre wk 6 wk12 IG: 27.3 (18.5) 14.3 (12.6) 11.8 (11.7) CG: 24.2 (16.5) 16.9 (11.7) 15.0 (11.1) p=0.02 Harm- and suicide-related adverse events: CBT vs. Placebo Harm-related: IG:9 (8.4%) CG: 6 (5.4%) OR, 1.62 (95% CI, 0.56 to 4.72) Suicide-related: IG: 6 (5.6%) CG:4 (3.6) OR, 1.60 (0.44, 5.85) Psychiatric adverse events IG: 16 (12 patients) CG: 11 (9 patients)	None

ADD = attention deficit disorder; ADHD = attention deficit/hyperactivity disorder; AE = adverse event; CBT = cognitive-behavioral therapy; CDR-S-R = Children's Depression Rating Scale-Revised; CG = control group; CGI-I = Clinical Global Impressions-Improvement; HoNOSCA = Health of the Nation Outcome Scales for Children and Adolescents; IG = intervention group; KQ = key question; MDD = major depressive disorder; n = sample size; NIMH = National Institutes of Health; OCD = obsessive compulsive disorder; PQ-LES-Q = Pediatric Quality of Life Questionnaire; RADS = Reynolds Adolescent Depression Scale; RCT = randomized control trial; SD = standard deviation; SIQ-JR = Suicide Ideation Questionnaire-Junior High School version; SSRI = selective serotonin reuptake inhibitor; US = United States; wk = week.

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Appendix F. Ongoing Trials

Principal investigators	Location	Population	Approximate size	Investigations	Outcomes	Status as of 2015
Greg N Clarke, PhD	US	12-18 with diagnosis of MDD	240	CBT vs. TAU	Recovery of response from the index episode of major depression Improvements in continuous depression symptomatology Depression response Rates of new, recurrent episodes of MDD Improvement in psychosocial function Clinical improvements Reduction in depression-related dysfunction	Study completed: January 2014. Publication in progress.
Mathijs Lucassen, PhD	New Zealand	7-14 with a diagnosis of anxiety, depression, trauma-related symptoms or disruptive behaviour	400	MATCH-ADTC vs. UC	Child Health Utility (CHU9D) Development and Well-Being Assessment (DAWBA) Strengths and Difficulties Questionnaire (SDQ) Top Problems Assessment (TPA)	Recruiting participants until October 2015. Estimated study completion date not provided.
Barry Wright, MD	United Kingdom	12-18 with low mood/depression	48	CBT vs. Behavioral Self-help websites	Short Beck Depression Inventory Mood and Feelings Questionnaire Spence Children's Anxiety Scale Health status (EQ-5D-Y and HUI2)	Estimated study completion date: May 2016.

CBT = cognitive-behavioral therapy; MATCH-ADTC = Modular Approach to Therapy for Children; MDD = major depressive disorder; TAU = treatment as usual; UC = usual care; US = United States; vs. = versus.